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ABSTRACT

This project provides school authorities with the stimulus and funds to take leadership, on behalf of children living in circumstances of poverty, in utilizing the participation of parents and bringing about coordination between the school and community agencies providing services to meet the physical and mental health, and nutritional and educational needs of such children. The objective of the program is to increase the physical and mental health, and nutrition and education of children living in circumstances of poverty by effecting cooperation and coordination between parents, school, and service providers and a project staff. The services to be coordinated with the school program are primarily those of federally funded programs--the Lincoln Community Health Center, the county Community Mental Health Center, the county Departments of Public Health and Social Services, the ESEA Title I program in the schools, the National School Lunch, Breakfast, Special Milk, and Special Food and Nutrition Service of the U. S. Department of Agriculture administered locally under the school food service department of the city schools, Title XIX Medicaid Program, and Operation Breakthrough (the local O.E.O. Program). Other services provided by local and state agencies and organizations in consultation with other services from universities will also be coordinated with the school program. (Author/JM)

ED 066543

F O O D

Focus On Optimal Development

A final proposal submitted by

Durham City Schools

Durham, North Carolina

UD 012900

February 26, 1971

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
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Durham City Schools
LEW W. HANNEN, SUPERINTENDENT
Durham, North Carolina 27702

DR. THEODORE R. SPEIGNER, *Chairman*
DURHAM CITY BOARD OF EDUCATION
NORTH CAROLINA CENTRAL UNIVERSITY
DURHAM, NORTH CAROLINA 27707

February 23, 1971

Office For Nutrition and Health Services
U. S. Office of Education
Department of Health, Education, and Welfare
400 Maryland Avenue, S. W. Room 4068
Washington, D. C.

Dear Sir:

The Durham City Board of Education and the Administration appreciate very highly the excellent consideration and cooperation which you have given the Durham City School District in helping us to meet pressing food needs for our pupils in the past. Most likely, you are aware of the fact that 62.5 of the school population is Black. This makes our food needs most urgent since the parents of our students in most cases are classified in the category of low-income workers. Two schools in our District have 75% participation in the free lunch program. In the meantime, Durham City School District is only 46% as large as the city of Durham.

Our proposal is educationally sound. It proposes to demonstrate how to organize a system of child development services through more effective co-ordination of existing resources, especially through programs using federal funds. One of our major objectives in this proposal is to develop healthy minds in healthy bodies. Children in the black community will be the great benefactors of this program.

We are aware of the many proposals which your office must evaluate. Nevertheless, we honestly hope that every effort will be made by your Department to provide these Ghetto pupils with adequate nutritious food to sustain their lives. I cannot over emphasize the urgent needs for which we have at the present time in carrying out a realistic Food Program in the Durham City School District.

I wish to thank you in advance for every favorable consideration which you will give our proposal.

Cordially yours,

Theodore R. Speigner
Chairman

TRS/em

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Introduction: The community situation, schools, resources and needs.

Durham, North Carolina is a city of 95,935 pupulation according to the 1970 census. The school system includes fourteen kindergartens, sixteen elementary schools, six junior high schools and two senior high schools.

The 1970 public school enrollment reflects some shift in school population, the total enrollment having decreased by 800, with the percentage of white pupils decreased through moves to the county and to private schools. The percentage of black pupils increased to 62.5% of the total enrollment. Parents and other citizens have worked with school personnel to facilitate the integration process. A Steering Committee for a Unitary School System, selected from existing school committees, was organized last spring. Women-in-Action for the Prevention of Violence and Its Causes, a voluntary organization, set up a program to answer the questions of a confused citizenry prior to the new unitary school program at the beginning of the 1970 school term. The plan used has been so effective that it is being adopted for state-wide use and is being recognized nationally. This fall an ESA program for assistance in dealing with problems occasioned by desegregation was approved for federal funding from the U. S. Office of Education Emergency School Assistance Program.

The Title I Program in the schools has been developed with a Council including parents. It is engaged in the training of para-professional aides. C.O.P., a Careers Opportunity Program, provides training and employment of teacher aides in a career ladder. Other innovative educational programs have been funded by ESEA Title III.

Major service providing agencies in the community are wholly or partially supported by Federal funds, for making help available to low-income families; other agencies and organizations in the community and the state also provide services and consultation. Four universities in the area give assistance to the schools through the resources of their various departments and two large hospitals and medical schools. They have contributed knowledge and leadership to the development of community programs. Although this creditable array of resources is available in the community, barriers have restricted the supply and the use of such services by low-income families. Inadequate planning and coordination have permitted gaps and over-lapping, with the result that many poor children who most need these services have not received them.

Food has profound significance for physical and mental well being for all of us individually and as a nation. The nourishment of the bodies and minds of our children is essential for the optimal development of their health, learning, self-responsibility and social contribution.

Such nourishment has been tragically inadequate for the children of the poor. This program proposes to innovate and demonstrate methods and values of a school-based program, utilizing parent participation, aimed at providing and coordinating health, nutrition, social and educational services of agencies in the community and the school system, and the services of a staff of specialists and paraprofessional aides for improving the health and learning of children from low-income families in a poverty area.

F.O.O.D. has already stimulated and brought into focus a great deal of interest, enthusiasm and support from parents, schools, agencies and organizations in the community and the state. Its nutrition component will contribute special strength to the program. F.O.O.D. will serve as a demonstration model to other communities in the southeastern region and the nation.

Lew W. Hannen, Superintendent
Durham City Schools

I. General Description of the Objectives of the Program and How its Purposes Will Be Accomplished.

This project provides school authorities with the stimulus and funds to take leadership, on behalf of children living in circumstances of poverty, in utilizing the participation of parents and bringing about coordination between the school and community agencies providing services to meet the physical and mental health, nutritional and educational needs of such children. The services to be coordinated with the school program are primarily those of federally funded programs - the Lincoln Community Health Center, the county Community Mental Health Center, the county Departments of Public Health and Social Services, the Title I program in the schools, the National School Lunch, Breakfast, Special Milk and Special Food and Nutrition Service of the U. S. Department of Agriculture administered locally under the school food service department program of the city schools, Title XIX Medicaid Program and Operation Breakthrough (the local O. E. O. Program). Other services provided by local and state agencies and organizations in consultation with other services from universities will also be coordinated with the school program.

The objective of the program is to increase the physical, and mental health, the nutrition and education of children living in circumstances of poverty by effecting cooperation and coordination between parents, school and service providers and a project staff. This coordination will insure that

A. Parents of the children are actively involved in the school program, through participation in the Advisory Council, the Parents Committee, group projects, share-shops, discussions with teachers and participation in classroom projects; through linkages and individual assistance and counseling by school-family aides; and some through training and employment as aides and as volunteers.

B. All children in the program will receive:

1. adequate medical and dental examinations and needed care

2. a mental health assessment and remedial treatment of problems threatening or curtailing the development of ability and success in learning, social adjustment and personal potentials

3. two nutritious meals a day and planned services to enhance appreciation of good food and enjoyment of meals in the school lunchroom and at home

4. education in the basic principles of physical-mental health, nutrition and group cooperation, and experiences fostering the application of these principles in daily living.

C. All school personnel, including teachers and lunchroom employees are stimulated, involved and enriched by participation in this program. (See Appendix E.)

D. Community service providers, other organizations and the universities will increase their knowledge and skills in coordinated services to school children, which will assure continuance of cooperation and the generation of innovative approaches in meeting the needs of children in the community.

To accomplish these objectives a project team is proposed to include a coordinator, nutrition educator, health educator, mental health worker, social worker, paraprofessional aides and supportive administrative assistants. This team will organize and develop a system of liason work with the parents, service providers, school personnel, central school system supervisors, other special school programs, and consultants from universities and state and local agencies. The staff members will share designated responsibilities for the liason work, for training and supervision of aides to work with families and assist staff members; orientation and on-going participation of and consultation with school personnel; the preparation of materials for inclusion in class-room teaching; organizing and conducting group projects for children and their parents, and preparing reports.

An Advisory Council, consisting of parents, school personnel and representatives of major service providers will work with the project staff in developing the program, reviewing and evaluating the on-going work, considering complaints and suggestions of parents, recommending improvements in the program and making reports to the Superintendent of Schools and the funding agency. Committees to extend the work of the Advisory Council will include a Parents Committee, a Professional Committee including people from various disciplines, such as medicine, psychiatry, psychology, education, social work; and a Nutrition Committee of consultants from the large number of organizations expressing interest and desire to contribute to this project.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

BUDGET BUREAU NO: 51-R0694
APPROVAL EXPIRES: 1/31/70

APPLICATION FOR RESEARCH SUPPORT

OE USE ONLY
00
03

SECTION I - DESCRIPTIVE DATA

TYPE OF PROPOSAL

NEW (Place an "X" here)	04	X
REVISION OF BUREAU NO.	05	
SUPPL TO CONTRACT NO.	06	
CONT OF CONTRACT NO.	07	

TITLE OF PROPOSAL (200 characters and spaces maximum)

08 F.O.O.D. Focus on Optimal Development
09
10
11

PROPOSED STARTING DATE (Mo., Day, Yr.) 15: 6/1/71
PROPOSED ENDING DATE (Mo., Day, Yr.) 16: 6/31/72

PROJECT DIRECTOR

NAME (Last, first, MI)	19	Selph, Annabelle D.
TITLE OF POSITION	20	Director of Food Services
HIGHEST DEGREE	21	M.ED
BIRTH DATE	22	5/30/17
TITLE OF ADDRESS	23	Mrs.
SOCIAL SECURITY NO.	24	243-32-1860

APPLICANT INSTITUTION

OE USE ONLY 25

NAME	27	Durham City Schools
MAJOR SUBDIVISION	28	N.A.
MINOR SUBDIVISION	29	N.A.
ADDRESS	30	P. O. Box 2246
CITY	31	Durham
STATE	32	N. C.
TELEPHONE (Include Area Code)	33	919 688-2361
ZIP CODE	34	27702
COUNTY	35	Durham
CONGRESSIONAL DISTRICT	36	4th

WHERE RESEARCH TO BE CONDUCTED (If different from above)

OE USE ONLY 39

INSTITUTION	40	Same
ADDRESS	41	
CITY	42	
STATE	43	
TELEPHONE (Include Area Code)	44	
ZIP CODE	45	
COUNTY	46	
CONGRESSIONAL DISTRICT	47	

SIGNATURE OF PROJECT DIRECTOR

Annabelle D. Selph — DATE: 2/26/71

OFFICIAL SIGNING FOR INSTITUTION

NAME (Last, First, MI)	12	Hannen, Lew W.
TITLE	13	Superintendent

SIGNATURE

Lew W. Hannen — DATE: 2/26/71

OTHER KEY PERSONS

	NAME (Last, First, Middle Initial)	BIRTH DATE	SOCIAL SECURITY NUMBER
48	These people will not be hired unless we are funded.		
48	The best qualified persons available will be hired.		
48			
48			

OE FORM 6022, 8/68

TYPE OF ORGANIZATION *(Check appropriate one)*

OE USE ONLY
40

	PRIVATE INSTITUTION		PUBLIC INSTITUTION			
☐ INDIVIDUAL	☐ PROFIT	☐ NON-PROFIT	☐ FEDERAL	☐ LOCAL	☐ STATE	☐ OTHER

NAME OF US OE OFFICIAL PREVIOUSLY CONTACTED ABOUT THIS APPLICATION, IF ANY

Mr. Howard C. Essl and Mrs. Margaret Powers

PROJECT DIRECTOR'S TIME COMMITMENT IF PROJECT IS FUNDED	PERCENT OF TIME	ENDING DATE	FUNDING AGENCY
TEACHING DUTIES *(If none, leave blank)*			
ADMINISTRATIVE DUTIES	15%	8/31/72	O.E.
RESEARCH IN PROGRESS. TITLE OF PROJECT			
1. N. A.			
2.			
3.			
4.			
CONSULTANT SERVICES			
TIME PLANNED THIS PROJECT			
OTHER			
TOTAL	15%		

IF YOUR PROPOSAL IS A TRAINING PROJECT, COMPLETE THE FOLLOWING N.A.

A. TYPE OF PROPOSAL

☐ UNDERGRADUATE ☐ GRADUATE

☐ POST DOCTORAL ☐ INSTITUTE

☐ SPECIAL TRAINING PROJECT

☐ PROGRAM DEVELOPMENT

B. INSTITUTIONAL ALLOWANCE

1. BASED ON RATE PER TRAINEE

NUMBER OF TRAINEES	RATE	AMOUNT

2. TOTAL INSTITUTIONAL ALLOWANCE

C. TRAINEE SUPPORT

1. STIPENDS

NUMBER OF TRAINEES	STIPEND RATE	AMOUNT
SUBTOTAL		

2. DEPENDENCY ALLOWANCE

NUMBER OF DEPENDENTS	RATE	AMOUNT
SUBTOTAL		

3. TRAVEL RELOCATION COSTS

4. TOTAL TRAINEE COSTS

SECTION II– PROJECT COST ESTIMATES

		TOTAL PROJECT COSTS *(Federal)*
	PERSONNEL SALARIES	51 $
	EMPLOYEE BENEFITS	52
	TRAVEL	53
	SUPPLIES AND MATERIALS	54
	COMMUNICATIONS	55
SERVICES	DUPLICATING AND REPRODUCTION	56
SERVICES	STATISTICAL	57
SERVICES	TESTING	58
SERVICES	OTHER	59
	FINAL REPORT	60
	EQUIPMENT	61
	TRAINEE COST *(C4 above)*	62
	INSTITUTIONAL ALLOWANCE *(B2 above)*	63
	OTHER DIRECT	64
	SUBTOTAL DIRECT COST	65
	INDIRECT COSTS	66
	TOTAL PROJECT COSTS	67 $

OMIT

See p. 2.a

CHECK THOSE BOXES WHICH BEST DESCRIBE YOUR PROPOSAL

OE USE ONLY 68

- [x] ELEMENTARY EDUCATION
- [ ] SECONDARY EDUCATION
- [ ] HIGHER EDUCATION
- [ ] ADULT OR CONTINUING EDUCATION
- [ ] HANDICAPPED CHILDREN AND YOUTH
- [ ] VOCATIONAL EDUCATION
- [ ] EDUCATIONAL RESEARCH AND DEVELOPMENT CENTER
- [ ] REGIONAL EDUCATION LABORATORY
- [ ] LIBRARY OR INFORMATION SCIENCE RESEARCH
- [ ] TRAINING PROGRAM RESEARCH PERSONNEL
- [ ] EDUCATION AND RESEARCH INFORMATION GATHERING AND DISSEMINATING
- [x] OTHER (Specify) Demonstration - Food and Health Services

SECTION III - ABSTRACT OF PROPOSED RESEARCH ACTIVITY

TITLE OF PROPOSAL: (F.O.C.U.S.) Focus on Optimal Development

PROJECT DIRECTOR'S NAME: Mrs. Annabelle D. Selph

INSTITUTION NAME: Durham City Schools

ABSTRACT (This is for inter-governmental distribution. Omit confidential information. 2000 characters and spaces maximum)

This school based program will be located in two schools in a poverty area in Durham, North Carolina. It will function with the guidance of a Joint Advisory Council of parents, school personnel and representatives of major service providing agencies. A specified array of physical, dental, mental health, nutrition and education services will be provided and coordinated, so that every child will receive adequate examinations and treatment, two nourishing meals a day, and education and counseling on principles and habits for healthy growth. Parental concern and participation will be enlisted in all phases of the program with school-family aides serving as liason to the program and providing assistance to families. Liason will be effected by project personnel with designated staff members of the service providing agencies. The project staff will develop instructional materials emphasizing all phases of health for use in the classroom, conduct group projects for children and parents, and provide some direct service to individual children as needed. The nutrition component and its Committee of Nutrition Consultants contribute unusual strength to this project. The program will develop mutual understanding and cooperation between multi-discipline personnel and agencies through liason work and Child Case Conferences.

GPO : 1969 O - 353-339

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

DURHAM CITY SCHOOLS (hereinafter called the "Applicant")
(Name of Applicant)

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Dated 2/26/71

DURHAM CITY SCHOOLS
(Applicant)

By Lew W. Hannon Superintendent
(President, Chairman of Board, or comparable authorized official)

P. O. Box 2246

Durham, N. C. 27702
(Applicant's mailing address)

HEW-441
(12-64)

Durham City Schools
MRS. RUTH L. McRACKAN
DIRECTOR OF ELEMENTARY INSTRUCTION
Durham, N. C.
27702

February 26, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
P. O. Box 2246
Durham, North Carolina 27702

Dear Mrs. Selph:

Your proposal for "A Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families" in the W. G. Pearson and Burton Elementary Schools would have marked effects upon the children and families within these communities.

The learning taking place by the children affected by this grant will be greatly enhanced by the opportunities of better health and nutrtion services which will result from such a project.

I feel that the funding for this project and its implementation will improve all phases of school life in Durham City Schools and our community.

I sincerely hope that we will be fortunate enough to be funded for this project and look forward to working with you on it.

Sincerely,

Ruth L. McRackan

Mrs. Ruth L. McRackan
Director of Elementary Education

RLMcR/cw

III. Basis of Eligibility of Children for Participation in the Program and Method of Determination.

Income levels, in terms of O. E. O. Poverty Guidelines, May 6, 1970, will be used to deter mine eligibility of children for participation in the program. A form prepared by the School Lunch Program includes information on family income and size of family. This information is currently required for eligibility for free or reduced lunches. (See Appendix C(3).)

Two schools were selected for this program because they are located in an area containing concentrations of hard-core poverty and are in the vicinity of the Lincoln Community Health Center (to be funded under Section 314 (e) of Public Law 89-749). The map included identifies the location of the two target schools, the hospitals, county Departments of Public Health and Social Services, other service agencies and public housing projects near Lincoln Hospital and the schools. Seven public housing projects lie within a two-mile radius of the proposed community health center. Many of the children attending the project schools live in the housing projects. (See Appendix G.)

This area of the city was designated as a poverty area in "Profile of Community Problems," compiled in 1964 by the North Carolina Fund for Operation Breakthrough (the Durham O. E. O. program). Data included census tract information on population, family income, occupation, education and housing; public agency data on old age assistance, aid to permanently and totally disabled, aid to families with dependent children; health data on tuberculosis, venereal disease and infant mortality; crime data on crimes against persons and against property and juvenile arrests; illegitimate births, school drop-outs and suicides.

A further study was made by the North Carolina Fund in 1967 of characteristics of residents in this target area, titled "Survey of Low Income Families." (See Figure 1) The survey reported a median family income of $2,147 with 65% of the families with four members or more having incomes less than $3,000. For single-person households, 58% of the blacks and 72% of the whites were reported to have incomes of less than $1,000. In consideration of scales used by the Durham County Public Health and Social Services Departments, the survey data would suggest that most, if not all of the people living in the area surveyed were medically indigent. The scales would exclude a family of four with an income of $5,500 or more a year...Unemployment in the target area is very high - 9% for whites and 17% for blacks were reported by the survey." These percentages have fluctuated and increased over the past few years.

PROPOSED AREA

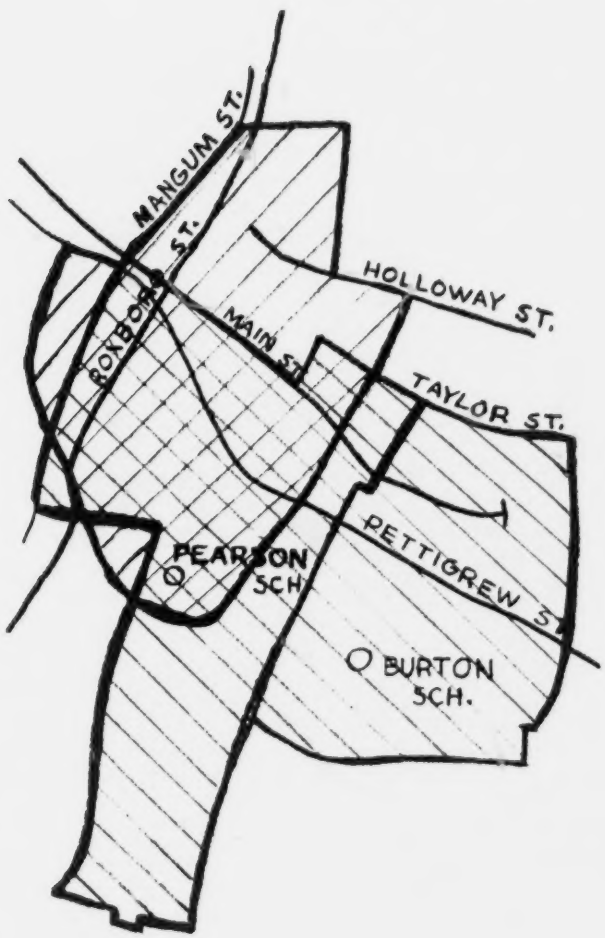

FIG. 1

LEGEND

SCHOOL DISTRICT AREAS

N.C. FUND (1967) SURVEY AREA

INTERSECTION OF TWO AREAS

The Durham County Department of Social Services estimated that 65% of the children in the target schools come from families for Aid to Families With Dependent Children. Title I reports for the Durham City Schools estimate that 65.6% of the children at Pearson School and 68.4% of the children at Burton School were eligible for free lunches in 1969-70. This year the city School Lunch Services used the guidelines for Determining Eligibility for Free and Reduced Price Lunches (See Federal Register, Vol. 35, No. 153, Friday, August 7, 1970) and found that the majority of the children in these schools were eligible for free or reduced lunches. On a sample date, January 14, 1971, Burton served 361 free lunches and 49 reduced price lunches; Pearson served 539 free lunches and 47 reduced price lunches. The new Income Poverty Guidelines to be used after January 1, 1971, will make from 75% to 100% of these pupils eligible for free or reduced price lunches.

IV. Existing Data on Health, Nutrition and Learning Problems of Children in the Target Schools

Our data on this subject is not complete but problems may be estimated from information about the poverty area cited above and from the following information from principals at the schools:

Health problems identified in screening by Public Health Nurses:

Pearson School: 162 children with health problems; 76 underweight; 66 overweight; 99 needed glasses; 89 were "sickly"; 390 needed dental care; 138 were malnourished.

Burton School: 67 underweight; 65 needed glasses; 256 needed dental care; 32 had hearing problems; 89 were malnourished.

Learning Problems

The Title I program in the city schools, on the basis of information from and discussion with principals of needs among children, focused its program on increasing communication skills in children in kindergarten and primary classes (described in Section VI).

1st Grade Tests: Lee-Clark Readiness (Pearson) showed 20 excellent, 30 good, 21 fair, 31 poor; Scott Foremans (Burton) showed 28 high average, 26 low average, and 40 low.

Referrals to the Therapeutic Education Program counselor in Burton School included 75 children with learning and behavioral problems.

The number of children qualifying for free or reduced price lunches in these schools (cited in Section III) indicates the poverty level income of their families. Inadequacies in nutrition are part of the consequences of poverty. A study of nutrition among families in the target area, made by E. W. Ramsey, Professor of Human Nutrition, Department of Home Economics, North Carolina Central University, Durham, North Carolina was reported at a meeting during the preparation of our preliminary proposal. His preliminary findings were similar to those of the National Nutrition Survey, which found an unexpectedly high prevalence of symptoms associated with malnutrition in children, such as low blood hemoglobin levels indicating anemia or iron deficiency; abnormally low protein levels in their blood, deficiencies in Vitamin A and C and iodine. Studies of pregnant school girls enrolled in the Durham Cooperative School for Pregnant Girls (an ESEA Title III project) show a general prevalence of anemia or iron deficiency and inadequate dietary habits. Many of these students live in the target area.

V. Data on Target Schools

A. The schools selected are Burton Elementary and W. G. Pearson Elementary. Both are located in the poverty area delineated by studies cited above. Pearson School is within a block of the Lincoln Community Health Center and Burton School within walking distance. The location of these schools and of the service providing agencies is noted on the enclosed map. (See Appendix G)

B. The current enrollment in these schools (February 20, 1971) is 1,322.

Burton: 609 pupils, 494 black, 115 white

Pearson: 713 pupils, 679 black, 34 white

C. Burton School has grades 1-6; it does not have a kindergarten as it does not have space for one at the present time.

Pearson School has grades K-6

D. Both schools participate in the Title I program.

E. The majority of students in these schools are eligible for the free or reduced price lunches, as cited in Section III.

F. The principals and teachers of these schools are vitally interested in the proposed demonstration project and have participated in preparation of the grant application. (See Appendix E)

VI. Current Title I Program in the Durham City Schools and its Relation to the Proposed Project.

A. The current funding level is $511,935. The program is focused on early childhood and provides preventive and remedial education services to improve communication skills of children in grades K-3 in eligible schools containing economically and educationally deprived children. Approximately 1,000 pupils participate in the program.

The program provides 12 kindergarten classes in 8 elementary schools. It employs 14 reading teachers and 23 tutorial aides to work in the reading program for 1-3 grade children identified as probably failures in reading. Due to the lack of available local and state funds for the mentally handicapped, Title I provides 2 special education teachers, one in each of two elementary schools. In addition, the special education supervisor, who works with handicapped children in all Title I schools, receives 90% of her salary from Title I funds. The Title I Social Worker works with all eligible schools to coordinate home and school relations. The program provides a summer enrichment program, in which students from Pearson & Burton School were eligible to participate. Workshop activities were made available to all professional personnel. The kindergarten parent involvement program included special meetings, the encouragement of family participation in as many phases of classroom activities as possible; attendance and assistance on field trips, parties, workshops, discussion groups, instruction, collection and preparation of instructional materials, and serving as liason between other parents and school. The Title I testing program is listed in Section XI. Title I funds provide free breakfast and 10¢ of the lunch price for kindergarten children.

B. How the Title I Program and the Proposed Program Will Differ and Merge.

Current Title I program does not include funds for services for physical, dental or mental health examinations or care. An evaluation made by Dr. John Brantley, Director, Psycho-education Center, School of Education, University of North Carolina, Chapel Hill, pointed to the need for involving teachers with available mental health resource persons. For nutritional needs Title I provides only partial payment for 40 children in the Pearson kindergarten, namely free breakfast and 10¢ toward the cost of lunch. This amount will be deducted from amounts needed for breakfast and lunch for the total student population in the two schools.

Title I provides Burton School two reading teachers and two tutorial aides. No room was available at this school for a kindergarten. It provides Pearson School with two reading teachers, two kindergarten teachers, one kindergarten aide and two tutorial aides. The services of the librarian, social worker and special education supervisor are available to these schools also.

The new proposal will not duplicate or replace the Title I program. Coordination of the two programs will be effected by including the Title I teachers and aides in these schools in orientation, staff meetings and Child Case Conferences. The regular classroom teachers know which children are being given special Title I help and which need other services. The social worker for F.O.O.D. who will have the responsibility for the supervision of aides, will be the linkage, with the assistant to the coordinator and the Title I supervisor of aides, to avoid duplication in the number of aides visiting any one family and for coordination of parents' meetings. The Coordinator and the principals and the Advisory Council of F.O.O.D. will track and plan for prevention of duplication and for mutual supplementation by the two programs to provide a more adequate system of child development services.

VII. Outline of Existing School-Wide Programs for Health, Mental Health and Nutrition Services.

A. Health

1. Department of Public Health provides:

a. Services of a public health nurse in each of the city schools for one-half day a week

b. Services of a public health nurse in the district serving families

c. Health screening, through use of Teacher Screening and Observation Records

d. Physical examinations by a physician from the health department for first grade children

e. Dental examinations for third grade children

f. Referrals to and from hospitals or community agencies

g. Health and nutritional instruction and counseling

h. General services of the Health Department available to school children and their families include immunization, T. B. x-rays and services, Family Planning Clinic, Venereal Disease. Details of the program of this department are included in Appendix A.

2. School Health Services

a. Health record as part of the cumulative data folder for each child

b. Teacher Screening and Observation Records

c. Physical fitness tests administered by the Physical Education Supervisory staff each year

d. Tests of vision (spelling chart) are administered each semester by classroom teachers. Reading teachers test vision with the Keystone Televinocular.

B. Mental Health Services.

1. Testing of intelligence and achievement levels in selected grades is part of the city wide school system (See Section XI)

2. The Director of Special Education is available for some psychological testing.

3. Special education classes for elementary, junior and senior high school pupils are provided in 16 schools

4. During 1968-71 a Title III ESEA project, the Therapeutic Education Program, administered by the county school system, served both city and county schools. A spectrum of psycho-educational services within regular schools was provided. Twenty teachers were employed, trained and organized in teams which met regularly in supervisory-training team meetings with education psychologists, clinical psychologists and child psychiatrists. Each teacher was placed in a public school, along with a staff member of the Durham Child Guidance Clinic. The main focus of their work was to help the regular teacher and principal understand and manage children with a wide range of problems in the school room. These problems were specific learning disabilities, mental retardation, emotional learning problems, group management problems and family and community problems which impinged on the child's classroom behavior. The project has worked with more than 3,000 children and 2,000 sets of parents. One of these trained teachers worked in Burton School part of her time. The experience of this innovative project, including its selection of tests and questionnaires and its development of team conferences, is incorporated in plans for this project.

5. The services of the Durham Child Guidance Clinic, which is designated part of the children's services of the County Community Mental Health Center are available to school children on a sliding fee scale. (See Section X.)

6. With the exception of ser vices listed above, the elementary schools are lacking in mental health services. School counselors are not employed in the elementary schools as they are in the junior and senior high schools, and the classroom teachers provide the guidance and counseling with parents and children that is available.

C. Current Nutrition Services in the City Schools.

The school lunch program includes a nutrition program, kitchen in-service training and a sequential plan for nutrition education from kindergarten through grade six. A unit on table manners is taught in the fifth and sixth grades in all elementary schools. These services are available in the target schools. Free and reduced price lunches are provided for all pupils who are in need. Both Burton and Pearson Schools have a breakfast program. (Further details are included in Appendix C)

VIII. Evidence of Community Participation in Developing the Project Proposal.

A. During the preliminary planning stages, five meetings were held with parents of pupils in the target schools and representatives of the P.T.A.'s, United Organizations for Community Development, Operation Breakthrough, Title I Parent Council, Kindergarten Parent Clubs, Steering Committee for the Establishment of a Unitary School System, and members of the target school staffs and administrative staff of the city schools.

Attending these and other meetings were members of the Durham Ministers Association, Durham Housing Authority, representatives of health and social service agencies in the community and departments of universities in the area. The participation and ideas of parents and agency people were incorporated in designing the basic outline of the program and developing preliminary agreements with parent groups and community agencies. (Lists of the people attending these meetings, minutes and tape recordings were made.)

B. Preparation of the Final Proposal

1. Numerous additional meetings were held with parents, school personnel, service providers in the community, resource people in organizations and universities in the city and area. A large group meeting and individual conferences were arranged for site visitors from Washington, Mrs. Margaret Powers and Mr. Howard Essl on February 11, 1971. Lists of the people attending these meetings and minutes were made and recorded. In addition, the project director had numerous individual conferences with school and agency people and has maintained an extensive correspondence with others.

2. The approval of the local education agency is evidenced by the signature of Mr. Lew W. Hannen, Superintendent of Durham City Schools on the application forms. Mr. Hannen has attended many of the meetings, the conference with the site visitors, and has conferred with the authors of the proposal and read the first draft and the final version of the proposal.

The approval of the major service providers is evidenced by their letters which follow in the next section.

Resource people in other community and area agencies and organizations and universities who contributed to planning the proposal and indicated their interest in continuing participation are cited subsequently.

IX. Joint Advisory Council for the Project

A. A Steering Committee met to discuss the membership and responsibility of the Joint Advisory Council. This committee included:

Mr. E. W. Midgette, Principal of Burton School
Mr. Frank Burnett, Principal of Pearson School
Dr. Frank B. Weaver, Assistant Superintendent for Instruction
Mrs. Ruth McRackan, Director of Elementary Instruction
Mrs. Eugenia Atkinson, Supervisor of Elementary Education in the project schools
Mrs. Annabelle D. Selph, Director of School Food Services

This committee decided that 15 members for a joint Advisory Council would be an appropriate number to be effective in setting policies, reviewing the on-going program, considering parent complaints and suggestions, recommending changes and improvements, receiving reports from committees, and making reports to the Superintendent of Schools and the funding agency. It was decided to include five parents, five representatives of service providers and five professional representatives from the target schools. Ex-officio members would be the Superintendent of Schools, the Project Director and the Project Coordinator. The parents for the Joint Advisory Council were selected by the P.T.A.'s in the project schools.

B. The members of the Joint Advisory Council are as follows:

Mr. R. Kelly Bryant, Jr., Parent, Burton School
Mr. H. E. Tatum, Jr., Parent, Burton School
Mrs. Inez Gooch, Parent, Pearson School
Mrs. E. L. White, Parent, Pearson School
Mrs. Lucy Norwood, Parent, Pearson School
Dr. O. L. Ader, Director of Durham County Public Health Department, designated as representative, Miss Shirley Callahan, Supervisor of Public Health Nursing

Dr. Charles D. Watts, Acting Director, Durham Community Health Center
Mr. Robert L. Gribble, Jr., Supervisor of Childrens Services, Durham County Department of Social Services; Mr. Gribble was designated as the representative by the Executive Director of the department.
Dr. charles Keith, Durham Child Guidance Clinic, was designated the representative of the County Community Mental Health Center by the Director, Dr. John Giragos.
Dr. Frank B. Weaver, Chairman of ESEA Title I Committee
Mr. Frank Burnett, Principal, Pearson School
Mr. E. W. Midgette, Principal, Burton School
Mrs. Ruth Thomas, Teacher, Pearson School
Mrs. Barbara H. Ellis, Teacher, Burton School
Mrs. Eugenia Atkinson, Supervisor of Education in the project schools
Ex-officio members are: Mr. Lew W. Hannen, Superintendent of the Durham City Schools; Mrs. Annabelle D. Selph, Director of School Food Services, Project Director; and the Project Coordinator.

C. To obtain wider participation and in response to the interest of parents, organizations and professional people, three other committees are proposed.

1. A Parents Advisory Committee, composed of parents and local neighborhood organizations, such as McDougald Terrace Housing Council, Few Gardens Housing Council, Fayetteville Street Housing Council, Operation Breakthrough, Edgemont Community Center and Clinic, representatives from Title I Parents Advisory Council and the Steering Committee for a Unitary School System. (See Parental and Community Involvement, Appendix E 14-17)

2. A Professional Advisory Committee, composed of professionals in the fields of physical and mental health, nutrition and education in the community and area organizations who will consult with and aid the project team on plans for delivery of services to children and aid in establishing priorities in coordinating services. (See list of resource people in Appendix F)

3. An Advisory Committee of Nutrition Consultants, who have volunteered services, or sent letters of intent to assist in carrying out the objectives of the program has been established. The unusual strength provided the nutrition component of this proposal by the Project Director and the wide interest and generous offers of help from nutrition specialists in a variety of organizations suggests the value of this committee, to develop innovative approaches and materials about nutrition education for use in this project and for dissemination to other schools in Durham and school systems in this area and out of state.

   The names of various people who participated in planning this proposal and/or volunteered support are listed in Appendix F.

D. The Joint Advisory Council has met three times while preparing this final proposal. Its suggestions have been incorporated in plans in accordance with draft guidelines. Minutes of these meetings have been made.

X. Agencies Whose Resources Will be Coordinated in the Program

A. Major Service Providers

1. Title I Program

The Title I program in the Durham City Schools has placed emphasis on improving the community skills of the education of deprived children. To achieve this end, reading and kindergarten teachers have been employed. Trained teachers aides, guidance personnel, librarian, special education teachers and a social worker have been allocated to this program. (See letter at end of Section X.)

2. Durham County Department of Public Health
Dr. O. L. Ader, Director

The primary function of this agency is to provide preventive health services, health education, diagnostic screening, referral, and follow-up activities. Treatment services are limited and specific. For a description of its current services to schools, see Section VII and Appendix A. (See letter at end of Section X.)

3. Durham County Mental Health Center
Dr. John Giragos, Director

This new center has been in operation since July, 1969. Its function is to assess the particular mental health needs of the Durham community; to plan, organize and provide direct services to meet these needs. It offers consultation services to agencies who directly provide care to the community's citizens. It offers some out-patient services for adults and carries out psychiatric diagnostic evaluations and therapy (psychotherapy and drug therapy). It operates a day treatment center for adults needing treatment in a specific therapeutic setting. It acts as a mental retardation coordinator to articulate the resources and communication between agencies seeking services for the mentally retarded.

The Durham Child Guidance Clinic
Dr. Charles Keith, Staff Member

The Durham Child Guidance Clinic is designated as the children's division of the Community Mental Health Center and provides psychiatric evaluation and treatment of children with emotional and developmental problems.

Fees are based on a sliding scale and no child is denied services because of lack of means. (See letter at end of SectionX.)

4. Department of Social Services
Mr. Robert Gribble

The special services that would directly support the goals of this project that would be furnished by the Department of Social Services includes Psychological Testing, Homemaker Services, Food Stamps, Day Care, WIN Program, and Casework Services. Social services provide money, medical services and social services to needy people in three different public assistance programs: (1) Aid to Families With Dependent Children; (2) Aid to Aged or Disabled; (3) Medical Assistance.

Title XIX Medicaid Program - Medicaid is a Federal-State program to help provide medical services for the needy and the medically indigent. In the Federal Government, Medicaid is administered by the Medical Services Administration in the Social and Rehabilitation Service of the Department of Health, Education and Welfare. The program's ultimate goal is to make medical care of high quality readily available to those unable to pay for it.

The State sets standards that ensure care of high quality, establishes policies and procedures to achieve those standards, and makes other arrangements to help people get the care and services they need. The State agency operates through the Durham County Department of Social Services and provides social services that help people recognize the need for medical care, obtain care promptly, and resolve social problems related to medical conditions. They authorize expenditures and make payments for the care and services given. They also work with other agencies, organizations, and professional groups to develop and maintain adequate resources to provide medical care for everyone throughout the state who is eligible. (See leaflet and letter at the end of Section X.)

5. National School Lunch Program

<u>General purpose and scope</u>

(a) Section 2 of the National School Lunch Act, as amended, states: "It is hereby declared to be the policy

of Congress, as a measure of national security, to safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food, by assisting the States, through grants-in-aid and other means, in providing an adequate supply of foods and other facilities for the establishment, maintenance, operation, and expansion of nonprofit school lunch programs."

(b) In furtherance of these objectives, participating schools shall serve lunches that are nutritionally adequate, as set forth in these regulations, and shall also coordinate the school's health-education activities with the formation of good eating habits in the lunchroom, to the end that participating children will gain a full understanding of the relationship between proper eating and good health.

(c) The Act authorizes the apportionment of funds to the States for (1) general food assistance, (2) special food assistance, and (3) nonfood assistance, and also authorizes donations of agricultural commodities and other foods acquired by the Department. This part announces the policies and prescribes the regulations with respect to the operation of the general cash-for-food assistance and the special cash assistance phases of the program (i.e., subparagraphs (1) and (2) of this paragraph) conducted under the National School Lunch Act. It also announces the policies and prescribes the regulations for commodity only schools. (See letter at end of Section X.)

6. Lincoln Community Health Center

Overall Concept and Philosophy of Service

The services of the proposed Community Health Center, its staffing pattern, hours of operation, and relationships with other community health resources can be best be understood in the context of the Center's overall concept and philosophy of care.

The services of the Center will be organized consistent with the spectrum of needs that patients will have as they approach the Center seeking health care. These needs coincide with at least seven different categories of care as follows:

(a) Continuing, "primary" care for most medical problems.

(b) "Dispensary" care. This semi-emergent medical care for minor injuries, acute discomfort, or other symptomatic illness with acute onset.

(c) Care for true medical emergencies.

(d) Consultation and care by certain specialized health personnel.

(e) Consultation and intermediate or long term continuing care by more highly specialized health personnel.

(f) Inpatient Care.

(g) Administrative and support services. These services include: laboratory, x-ray, pharmacy, medical records and service and utilization review, evaluation, housekeeping, transportation, staff training, reception and patient assistance, community organization, health education, patient accounts and reimbursements and overall administration.

B. Other service providers and organizations whose services will be coordinated in this program as appropriate are listed below:

Operation Breakthrough, Mr. John A. Croslan, Executive Director (includes New Careers Program, 7 Head-start Centers, Neighborhood Youth Corp, United Organizations for Community Development)

Duke University Medical Center, Pediatrics Department, Dr. Lois Pounds (includes Specialty Clinics, and Developmental Evaluation Clinic)

Edgemont Community Center and Clinic

North Carolina Central University, Dr. Jean Cooper, Director, Department of Home Economics; Mrs. Minnie Norris, Elementary Education; Mrs. Rose Cox, Instructor of Health and Education; and Mr. E. W. Ramsey, Professor of Human Nutrition

Duke University Department of Education, Dr. Lucy Davis, Dr. Henry Sublett and Miss Helen McLaughlin, Dietetic Internship Director

Vocational Rehabilitation

Health Planning Council for Central North Carolina

North Carolina Cerebral Palsy Hospital

University of North Carolina Memorial Hospital,
Dr. Donald Madison; School of Public Health,
Dr. Dorothy Leighton and Mrs. Rebecca Bryan

Watts Hospital, Miss Flora Monroe

Child-Advocacy Center, Dr. James Paul, Director

Wright School, N. C. Re-education Center

Association for Retarded Children

Society for Crippled Children

Foundation for Community Development

Family Counseling Service

American Red Cross, Durham County Chapter

C. Total Cost-in-Kind Contributions from Major Service Providers

1. Title I Program	$70,500
1.a. State Board of Health	1,770
2. Durham County Department of Public Health	24,096
2.a. Duke University Medical Center	1,920
3. Durham County Mental Health Center	940
Child Guidance Clinic	16,800
4. Department of Social Services and Title XIX Medicaid Program	1,047,757
5. National School Lunch Program	120,258
6. Lincoln Community Health Center	95,000
7. Durham City Schools contributions	7,893
Total	1,386,934

D. Letters and contracts specifying services are attached at the end of this Section.

Durham City Schools
OFFICE: E S E A. TITLE 1
CORNER CHAPEL HILL AND CLEVELAND STREETS
Durham, North Carolina 27702

February 23, 1971

Burton School has two reading teachers, two tutorial aides; Pearson School has two reading teachers, two kindergarten teachers, one kindergarten aide and two tutorial aides under the Title I program.

Salaries for these schools amount to approximately $59,000.00.

The administrative assistants consist of one coordinator, one bookkeeper, one secretary, one reading supervisor, one special education supervisor and one social worker. The prorated amount of salary for these is approximately $11,500.00.

The total amount for the above schools is $70,500.00.

Assistant Superintendent - Instruction
Chairman of Title I Committee

)URHAM COUNTY BOARD OF HEALTH

. H. London, Jr., M.D. . . . . Chairman
elph P. Rogers, Jr. . . . . Vice-Chairman
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O. L. ADER, M.D., M.P.H.
DIRECTOR

DURHAM COUNTY HEALTH DEPARTMENT
300 EAST MAIN STREET
DURHAM, N. C. 27701

February 23,1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Post Office Box 2246
Durham, North Carolina 27702

Dear Mrs.Selph:

This letter is to indicate our interest and support for your grant application for "A Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families".

We have submitted to you earlier a description of our services as they currently exist in all of the schools in the City and County. Along with this letter we are enclosing an estimated cost of the services to the elementary school age children from the target groups. It should be kept in mind, however, that we have a family centered approach to all of our services so that there is much more impact on the population of this geographic area than these figures would indicate.

We specifically commit ourselves to continue to provide 2 full time public health nurses in these 2 school districts. They spend about 40% of their time with problems of school age children. This includes ½ day per week each in elementary school and in Well Child Clinics, and 1 day per week making home visits related to health problems detected in these schools. Actually the remaining 60% of their time is also spent in working with the families in this area.

Our health educators will be committed to 2 hours per week in each school or 10% of the time of one. This is with the understanding that if the need is there and the time well utilized in developing educational patterns that would have broader impact, this time could be increased.

Since it is anticipated that the physical examinations of first graders (and others) will be provided by the Lincoln Community Health Center, we will not need to provide this service.

Our dentist has agreed to do a dental screening of all enrolled children immediately after school begins in September, 1971 in order to set priorities of need for dental care. This screening will require approximately 7½ days of his

time at a cost to the department of $500. This cost is in addition to that listed on the attached sheet. We can continue to provide the same amount of dental service as estimated in item (4).

Our Agency is continuing to explore its relationship with the Lincoln Community Health Center to obtain maximum benefit of available personnel (particularly public health nurses) for the residents of the target population. Both groups have a family centered approach - this could have real implications in who does what and how they function with regard to the schools.

We are interested in increased health education and services aimed at the total child and his home and school environment. The services as currently available need to be better integrated and coordinated and many gaps need to be filled. Hopefully this proposed grant would develop a model for this entire community and others.

Sincerely yours,

O. L. Ader

O. L. Ader, M.D.
Director

OLA:nt

cc: Mr. Lew Hannen
Superintendent, Durham City Schools

Durham County Health Department's Services Currently Available to Elementary School Age Residents of 2 Elementary School Districts and Estimated Annual Cost as of February, 1971

- 3 PHN's work full time in Burton and W. G. Pearson (includes the former Edgemont School District) Elementary School Districts* - lower right quadrant of Durham City. Total salaries, travel allowance and fringe benefits: $ 27,970. Each nurse spends 40% of her time working with school age children at a cost of $ 11,188.
- School Physicians - (School physicals and consultation) includes 12 clinics @ $45 at a cost of over $600.
- Immunization Clinic Expenses - Nurse and other personnel, supplies, laundry, etc. $16,000 x 10% = $ $1,600.
- Dental Clinic - personnel and equipment - approx. $17,655 x 15% = $2,650.
- Maternity and Child Clinic Fund - $10,150 x 25% = $2,540.
- City School Health Funds $5,750 x 15% = $865.
- Laboratory - Personnel, supplies, etc. approx. $17,680 x .02% = $350.
- Health Educator - 2 hours at each school q. week or 10% of time of 1 @ $11,573 = $1,160.

Total of 8 items = $ 20,953

- Administrative Overhead @ 15% = $3,143.
- Total estimated current cost of services rendered by Health Department personnel (or purchased by them) $ 20,953 + $ 3,143 = $ 24,096.

County of Durham
Community Mental Health Center
300 EAST MAIN STREET
Durham, North Carolina 27701

JOHN G. GIRAGOS, M.D.
DIRECTOR

TELEPHONE (919) 688—4366

February 23, 1971

Mrs. Annabelle D. Selph
Director of Food Service
Durham City Schools
Post Office Box 2246
Durham, North Carolina

Dear Mrs. Selph,

In my recent letter to you I indicated the willingness of the Community Mental Health Center to participate and join in your efforts in providing School Health and Nutrition Services for Children From Low-Income Families. As indicated to you in that letter, the Center will be providing psychiatric diagnostic services for the adults involved in the livesof the children you are dealing with. In addition to the psychiatric service, the Mental Health Center will be happy to provide you with 5% of the time of a senior psychiatric social worker to serve as the link with your Project's social worker. I estimated that our psychiatric social worker will be spending about 5% of her time in dealing with your Project. Furthermore, there will be similar arrangements with the mental retardation coordinator of our Center and 5% of her time will be associated closely with your retardation specialist. The estimated cost that the Center will bear will be $940.

You will be receiving a similar letter and proposal from Child Guidance Clinic indicating their level of participation. As you know, the Child Guidance Clinic is our Center's Children's Division.

With best wishes for a successful Project.

Sincerely,

John G. Giragos

John G. Giragos, M.D.

cc: Mr. Lew Hannen
Dr. William Anderson

Return to Dr. Griggs

MENTAL HEALTH TREATMENT CENTER

"PER VISIT" FEE SCALE

	NO. Of Dependents (Include All Dependent Adults)					
*Gross ly income	1	2	3	4	5	6
Than $200	$ 1.00	None	None	None	None	None
249	$ 1.50	$ 1.00	.50	None	None	None
299	$ 2.50	$ 1.50	$ 1.00	.50	None	None
349	$ 3.00	$ 2.00	$ 1.50	$ 1.00	.50	None
399	$ 3.50	$ 2.50	$ 2.00	$ 1.50	$ 1.00	.50
449	$ 5.00	$ 4.00	$ 3.50	$ 2.50	$ 1.50	$ 1.00
499	$ 6.00	$ 5.00	$ 4.50	$ 3.50	$ 2.50	$ 1.50
549	$ 7.00	$ 6.00	$ 5.50	$ 4.50	$ 3.50	$ 2.50
599	$ 8.00	$ 7.00	$ 6.50	$ 5.50	$ 4.50	$ 3.50
649	$ 9.00	$ 8.00	$ 7.50	$ 6.50	$ 5.50	$ 4.50
699	$10.00	$ 9.00	$ 8.50	$ 7.50	$ 6.50	$ 5.50
749	$10.50	$ 9.50	$ 9.00	$ 8.50	$ 7.50	$ 6.50
799	$11.00	$10.00	$ 9.50	$ 9.00	$ 8.00	$ 7.00
849	$13.00	$12.00	$10.00	$ 9.50	$ 9.00	$ 8.00
899	$13.00	$12.50	$10.50	$10.00	$ 9.50	$ 8.50
949	$13.00	$13.00	$11.00	$10.50	$10.00	$ 9.00
999	$14.00	$13.50	$11.50	$11.00	$10.50	$ 9.50
000 up	$15.00	$14.00	$13.00	$12.00	$11.00	$10.50

Gross Income- Income less mandatory deductions, individual responsibilities such as debts, special medical expenses, etc., will be given careful consideration

Duke University Medical Center
DURHAM, NORTH CAROLINA

DEPARTMENT OF PSYCHIATRY
DIVISION OF CHILD PSYCHIATRY
DURHAM CHILD GUIDANCE CLINIC
TRENT & ELBA STREETS

February 23, 1971

Mr. Lew Hannen
Superintendent
Durham City Schools
Fuller School Building
Durham, N. C.

Dear Mr. Hannen:

This letter specifies the services and the estimated costs which can be offered in 1971-72 to the children and families involved in the proposed Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low Income Families.

1. Outpatient psychiatric diagnostic and treatment services
   Durham Child Guidance Clinic $9,800 per year

2. Direct supervision and consultation with Mental Health components of the project by senior staff
   Two hours per week $2,000 per year

3. Agency consultation and participation in community planning-
   Staff time $5,000 per year

Dr. John Giragos Director of the Durham Community Mental Health Center is sending you a letter about the services his agency can offer. It is important to keep in mind that the Durham Child Guidance Clinic is the Childrens' arm of the Durham Mental Health Center and that Dr. Giragos, Dr. Keith and I have communicated concerning the contents of the respective letters.

Best wishes.

Sincerely yours,

William B. Anderson, M. D.
Clinic Director

Charles Keith, M. D.
Durham Child Guidance Clinic
Project Director, Therapeutic
Education Program

DURHAM CHILD GUIDANCE CLINIC

Trent & Elba Streets

Durham, North Carolina

January 1, 1967

DIAGNOSTIC FEES

Income	Fee *
Up to $ 3,000	$ 2.00 to $ 5.00
$ 3,000 to 6,000	5.00 to 10.00
6,000 to 9,000	10.00 to 15.00
9,000 to 12,000	15.00 to 20.00
12,000 to 15,000	20.00 to 25.00

These diagnostic fees begin with the Intake Interview and continue through the interpretation of our study findings. This scale applies to all cases except those receiving DPW aid. Other exceptions can be made when advisable. For continued treatment fees can be reduced.

Fees should be discussed with parents and an agreement reached at Intake appointment and briefly reviewed at first diagnostic appointment.

* Single fee includes both parent and child

HOWARD M. WILLIAMS
DIRECTOR

"EVERY CHILD DESERVES HIS SHARE OF HAPPINESS"

DURHAM COUNTY DEPARTMENT OF SOCIAL SERVICES
POST OFFICE BOX 810
DURHAM, NORTH CAROLINA 27702

February 5, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Durham, North Carolina 27702

Dear Mrs. Selph:

We are very happy to serve part in the planning of the proposal for a demonstration project for coordinating school and community health and nutrition services for children from low-income families of the Burton Elementary and the W.G. Pearson Elementary School districts. In gathering information for work on this proposal, we find that malnutrition and poverty frequent these target areas.

Recognizing that malnutrition is often associated with poverty, many factors must be taken into consideration in trying to alleviate these problems within a community. As the existing resources and services have been unable to maintain a check on this problem, we strongly solicit your help and the assistance that the "Food-Focus on Optimal Development Program" could bring to our community.

We envision in this project better planning and more adequate coordination of community health and social service agencies toward the growth and development of the students and families served by the Burton and Pearson Schools.

Social Services in North Carolina and in Durham County provide money, medical services and social services to needy people who meet certain requirements in three different public assistance programs.

1. Aid to Families With Dependent Children - AFDC
2. Aid to Aged & Disabled - AAD
3. Medical Assistance - (AAD) MA and (AFDC) MA

The money for these programs is appropriated by the United States Congress, the North Carolina General Assembly and the Boards of County Commissioners as needed according to a fixed formula.

Federal and state regulations establish requirements and the budget amounts available.

The County Board of Social Services makes the decisions as to an applicant's eligibility and the amount of payment within the established requirements; also, our office provides a wide range of social services which are available to <u>all</u> Durham County citizens regardless of their financial or economic situation.

As we are unable to include a complete list of services our agency provides to the Durham community, we would like to list the following specific services as we feel that they would directly support the goals for the proposed project:

Psychological Testing
Our agency will offer psychological evaluation through the North Carolina Department of Social Services Psychological Services Program to determine school readiness.

Homemaker Services
We will provide homemaker services to children and adults in: budgeting and money management, food purchasing, meal planning, nutrition education, food preparation, food storage and preservation, through group and individual instruction. In addition to these, homemaker service will provide techniques to improving home management skills.

Food Stamps
Food Stamps will be made available to public assistance recipients and other eligible families.

Day Care
Day care services will be available to children who meet eligibility requirements.

WIN Program
Evaluation and referral for training and job placement will be available to certain AFDC recipients.

Casework Services
Numerous casework services will be available to children and families as requested and needed.

These services our agency will provide without charge in support of the "Food-Focus on Optimal Development Program".

We pray that this application for the "Food-Focus on Optimal Development Program" demonstration project will be readily approved and funded so that our citizens can make full use of its benefits.

Sincerely,

Robert L. Gribble, Jr.
Social Work Supervisor II

Howard M. Williams
Howard M. Williams, Director
Department of Social Services

RLG/ske

ESTIMATED ANNUAL COST OF SERVICES AND FINANCIAL ASSISTANCE TO ADULTS AND CHILDREN OF THE W. G. PEARSON AND BURTON SCHOOL DISTRICTS BY DURHAM COUNTY DEPARTMENT OF SOCIAL SERVICES AS OF FEBRUARY, 1971

1. Aid to Families with Dependent Children Financial Assistance - 1,026 cases @ $37.64 per month x 12 months = $463,548.

2. Aid to the Disabled Financial Assistance - 14 cases @ $86.93 per month x 12 months = $2,434.

3. Assistance to the Aged Financial Assistance - 5 cases @ $69.79 per month x 12 months = $4,187.

4. Medical Assistance - 2 cases @ $101.80 per month x 12 months = $2,443.

5. Food Stamp Program - Bonus Food Stamps at no cost to client - 750 families @ $50 per month bonus x 12 months = $450,000.

6. General Assistance = $300.

7. Two social workers for services - $15,048.

8. One Welfare Eligibility Specialist - $5,844.

9. One supervisor 40% of time for direct supervision - $3,686.

10. One supervisor 5% of time for coordination and support of F.O.O.D. Program - $410.

11. One Homemaker 50% of time = $2,226.

12. Office Space and Equipment - $1,400.

13. Parking - $288.

14. Supplies - $98.

15. Telephone - $199.

16. Transportation Expense - $396.

Total of above 16 items = $952,507.

Estimated increase or growth one year from date = 10% = $95,250.

Estimated total one year from date = $1,047,757.

State of North Carolina
DEPARTMENT OF SOCIAL SERVICES
POST OFFICE BOX 2599 RALEIGH 27602

CLIFTON M. CRAIG
COMMISSIONER

IN REPLY REFER TO: CODE M

February 15, 1971

Mrs. Annabelle D. Selph
Director of School Food Services
Durham City Schools
Durham, North Carolina

Dear Mrs. Selph:

Attached you will find a short description of the North Carolina Title XIX Medicaid program.

I hope this description of the Medicaid program will be of assistance to you.

Very truly yours,

Emmett L. Sellers
Director
Division of Medical Services

ELS:cj

Attachment

Any person who is found eligible should receive assistance.

Any person who is dissatisfied with a decision by the county social services department may appeal to the State Commissioner of Social Services.

Any person dissatisfied with the decision of the Commissioner may request a judicial review.

Civil Rights

The Federal Civil Rights Act of 1964 provides that no person shall be denied any of the benefits or services provided by this program because of his race, color, or national origin. Detailed information about state and federal regulations against discrimination of this kind and about the way to file any official complaint may be secured from the county social services department.

Penalty For Fraud

Each person receiving medical assistance is requested to report any new circumstances that would affect his eligibility, such as a change in the number of persons in the household or change in family income, or the family's moving to another county.

There is a penalty for withholding information from or giving false information to the social services department in order to receive or to continue to receive medical assistance.

Information Bulletin No. 41
Issued by
NORTH CAROLINA
STATE DEPARTMENT OF SOCIAL SERVICES
Clifton M. Craig, Commissioner
Post Office Box 2599
Raleigh, North Carolina 27602

50M—1-70

MEDICAID

MEDICAL ASSISTANCE for NEEDY PEOPLE

386

MEDICAID

Medicaid is an assistance program that provides medical services for certain needy and medically indigent persons in North Carolina.

It is authorized by Title 19 of the Social Security Act.

Federal, state, and county governments share the costs of Medicaid with the Federal Government paying the major portion.

The program's goal is to make medical care of high quality readily available to those eligible persons who are unable to pay for it.

Relationship to Medicare

Medicare is different from Medicaid. Medicare is a health insurance plan administered by the Social Security Administration covering eligible persons 65 years of age or over regardless of financial condition.

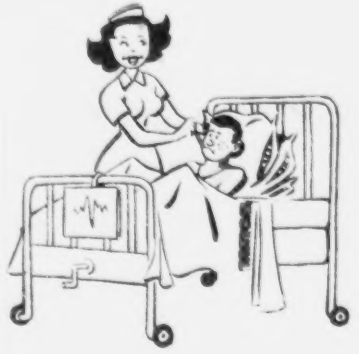
Medicaid is a medical assistance plan administered by the North Carolina Department of Social Services covering eligible people in need.

Some people may be eligible under both Medicare and Medicaid. If so, the deductibles and co-insurance payable by the patient under Medicare may be paid by the Medicaid plan.

The North Carolina Department of Social Services will pay the monthly premium for all eligible recipients for Part B Medicare (Supplementary Medical Insurance) directly to the Social Security Administration.

Eligible Persons

Any person is eligible who receives a monthly public assistance check for living expenses under the aid to aged, disabled, blind, and families with dependent children programs. Others who might be eligible if they meet certain requirements include the aged, blind, disabled, and families with dependent children who can meet living expenses but need help with medical costs only. The county departments of social services will determine who is eligible.



Where You Apply

Persons who need medical assistance should apply for Medicaid at the county department of social services where they live. A worker will explain the eligibility requirements and other details about the program.

Services Covered

Services covered include inpatient and outpatient hospital care, laboratory and x-ray, nursing home, physicians, dentists, optometrists, home health, drugs, eyeglasses, and services to aged patients in the State's mental hospitals.

Where To Go For Services

Those who qualify may choose any provider of service who participates in the Medicaid plan. It will be up to you to ask the provider if he participates. It will save time if you check with the provider before going to the office or hospital.

How Payments Are Made

Persons whose budget shows funds available for medical costs will spend their funds first. After exhausting their own resources, eligibility for Medicaid begins.

Eligible persons will be provided with an identification card that contains six labels. Be certain to take this card with you when you go for medical services. The provider of services will remove one label from your card at the time of each visit since he must have a label to place on his bill. If you need more than six labels in a month, your county department of social services will give them to you. The identification card is valid only for the month indicated. A new one will be mailed to you each month.

All claims will be paid directly to the provider of services by the State Department of Social Services.

All providers of services will accept the Medicaid payment for covered services as payment in full and additional charges may not be made to the patient.

Rights Of Applicant Or Recipient

Anyone who believes himself eligible may make application at the county social services department.

DEPARTMENT OF PUBLIC INSTRUCTION

STATE OF NORTH CAROLINA RALEIGH

P. O. Box 12197
Raleigh, N. C. 27605
February 22, 1971

Mrs. Annabelle Selph
School Food Service Director
Durham City Schools
P. O. Box 22[illegible]6
Durham, North Carolina

Dear Mrs. Selph:

In so far as all schools in the administrative unit of the Durham City Schools are presently participating in the National School Lunch Program plus several schools participating in the breakfast program including the two schools that will be participating in "Demonstration Project to Improve Nutrition and Health Services for Low Income Families." Based upon current data, this involves 13,010 children daily in the breakfast program of which school food service will be able to reimburse these schools for 180 days at 15¢ per breakfast; a total of 13,010 lunches served daily for a period of 180 days, we will be able to reimburse at a minimum of 36¢ per lunch subject to available funds with a total projected $1,194,318 for both the Breakfast and Lunch Program.

I would like to assure you at this time that we will provide adequate time of our nutrition education specialist and that we will also be in a position to provide at least one member, either myself or one of our consultants, to serve on the Advisory Committee.

I am also pleased that the Durham City Schools administrative unit was chosen to conduct this demonstration project and feel free at any time to call upon the State Department of Public Instruction, School Food Service Division for any technical assistance that would be beneficial to the nutrition and health needs for low income families.

Sincerely,

Ralph W. Eaton
State Director
School Food Services

RWE:na

The number of children is 1,310 instead of 13,010, and therefore the total amount of funds projected would be $120,258.00.

LINCOLN COMMUNITY HEALTH CENTER
1301 FAYETTEVILLE STREET
DURHAM, NORTH CAROLINA 27707

February 24, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Post Office Box 2246
Durham, North Carolina 27702

Dear Mrs. Selph:

The Lincoln Community Health Center offers the following kinds of services to the "Demonstration Project for Coordinating Community Health and Nutrition Services for Children from Low-Income Families:"

1. Medical care

2. Dental care

3. Consultation service (including participation) in classroom health education

This offer of services is based on several assumptions. First, that of the 1300 pupils in these schools the poorest will be most likely members of families enrolled in the Lincoln program. Secondly, that there will be a certain minority percentage of these pupils who are not eligible for free care from the Lincoln Community Health Center. Third, the rest of the pupils, that is, the ones who fall between elibible and non-eligible would constitute a sizeable number for which the Center would have to be reimbursed from the Office of Education grant in order to provide the scope of services that the guidelines call for.

The dollar value placed on this third group is based on a capitation rate for the following services:

1. All diagnosis and medical treatment including care of episodic illness, except: hospitalization, mental health care, eye glasses and refraction service, and any care - emergency or other - provided at facilities other than the Lincoln Community Health Center without prior referral by personnel of the Lincoln Community Health Center.

2. A complete preschool examination annually,

3. The health outreach and home visitation services which are a integral part of the Center's program,

4. Drugs,

5. Transportation in regard to medical care,

6. Nursing consultation in school on a daily basis and more intensively on a periodic, perhaps weekly basis. (This could possibly be taken care of by having a nurse spend about a half hour per day in each of the two schools and one-half day each week. This in-school presence on the part of the medical care source is vitally important to the kind of integrated program set forth in the guidelines.)

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools

These services are calculated on a capitation rate based on the assumption that the number of children in the two schools who would not be otherwise enrolled by the Center would be 600 - an additional workload as follows:

Personnel	
One-half pediatrician*	$15,000
Two family health workers	10,000
One nurse	10,000
One Clinic Assistant	5,000
The equivalent of one extra lower level program staff member	5,000
Total Personnel	$45,000
X-ray Services	4,000
Drugs	4,000
Transportation	2,000
Other expenses and administrative overhead	5,000
	$60,000

*All represent full-time equivalent positions.

This $100 per patient per year figure is probably a reasonable estimate of the actual cost of providing this scope of medical care services and could, I think, be used as a basis in negotiation for whatever number of children are agreed upon - be this 600, more, or less.

The scope of dental care services would include:

1. Complete restorative dentistry.

2. Complete dental hygiene,

3. Instruction in personal dental hygiene.

A rough estimate of the cost of providing these services to this age group is $50 per patient per year. (Based on the 600 pupil figure, this comes to $30,000).

Finally, in regard to the consultation service which would include participation in classroom health education (this would include participation by any or all professional staff of the Center as needed and requested, and assistance in preparation of teaching materials as well), this service could be adequately covered by a $5,000 per year general consultation service contract.

Very truly yours,

C. D. Watts, M.D.
Acting Director

CDW:dwc

JACOB KOOMEN, M.D., M.P.H.
STATE HEALTH DIRECTOR
AND SECRETARY-TREASURER

W. BURNS JONES, JR., M.D., M.P.H.
ASSISTANT STATE HEALTH DIRECTOR

James S. Raper, M.D.
President
Asheville

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Vice-President
Durham

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New Bern

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Gastonia

Joseph S. Hiatt, Jr., M.D.
Southern Pines

J. M. Lackey
Hiddenite

Paul F. Maness, M.D.
Burlington

Ernest A. Randleman, Jr., B.S.Ph.
Mount Airy

Jesse H. Meredith, M.D.
Winston-Salem

NORTH CAROLINA
STATE BOARD OF HEALTH
P. O. BOX 2091
RALEIGH, NORTH CAROLINA 27602

February 25, 1971

Mrs. Annabelle Selph
Manager
School Food Service
Fuller School
Durham, North Carolina

Dear Mrs. Selph:

Mrs. Sargent forwarded your request to me for a statement of the value of the services that she is willing to provide to your proposed project.

Salary for two days a month	$100.00
200 miles @ 9¢ a mile	18.00
Total per month	$118.00

Best wishes to you in this undertaking.

Sincerely yours,

Elizabeth W. Jukes

Elizabeth W. Jukes
Chief
Nutrition Section

EWJ:ep

Durham City Schools

OFFICE: CORNER CHAPEL HILL & CLEVELAND STREETS
Durham, North Carolina 27702

LEW W. HANNEN, SUPERINTENDENT
J. L. WOODWARD, BUSINESS MANAGER

February 25, 1971

The contributions by the Durham City Schools to the FOOD PROGRAM are as follows:

Project Director	$ 2,025.00
3 Class Rooms	4,680.00
2 Offices	900.00
Utilities (Heat, Lights, & Water)	288.00
TOTAL	$ 7,893.00

J L Woodward

J. L. Woodward,
Assistant Supt., Business

XI. Description of the Child Development Service System

A. Assessment Procedures

1. A school readiness profile for each child entering kindergarten or first grade is planned to include:

a. A home visit by a school-family aide

to establish rapport with the family and provide a linkage to the project

to obtain information from parents about the child's previous health, characteristics, interests, whether he has had a recent medical examination, or attended headstart, kindergarten or day care program

to observe and gather impressions about the family life style, attitudes about using health and community resources and participating in school activities

b. Medical status or examinations

Immunization record

Children from Headstart programs will already have had physicals

Some children may have had recent examinations

The families will be informed by letter from the principals when services at Lincoln Community Health Center will be available and will be encouraged to enroll there.

Medical health examinations of first grade children have for some time been conducted by public health nurses and will be scheduled for all first grade children who have not received them before they enter school.

Dental examinations have been given by the Department of Public Health to all third grade pupils

Teacher Screening and Observation Records have been provided teachers by the public health

nurse in previous years and are useful for identifying conditions and needs, and referrals to the nurse.

c. Reports will be obtained on children with pre-school experience in Headstart, kindergarten, or day care programs.

d. The Title I program includes administration to kindergarten pupils and to others prior to entry to first grade the School Readiness Survey and the Lee-Clark Reading Readiness test.

2. New services provided by arrangement of the project with major service providers and the project staff.

a. Medical and dental examinations and treatment by Lincoln Community Health Center for Children in all families enrolled in the center are assured. Families eligible for Title XIX Medicaid will receive these services without charge. Families not eligible for Title XIX and not able to pay will be given the services and charges will be billed to the project.

b. Duke University Medical Center services are also available under Title XIX Medicaid, or on a sliding fee scale, or by contract arrangements with the project.

c. The Department of Public Health will provide services of the staff dentist for a period of two weeks early in the school year, to give dental examinations to all the children in the target schools. Children needing dental care will be referred to Lincoln Center or to dentists in private practice, costs to be paid by Title XIX Medicaid or the project. Dental patients will be referred on a priority basis of most urgently needed services, as the amount of dental care in the community is limited.

d. Home visits to parents of all the children will be made during the year, giving priority to those identified as having health needs or learning problems.

3. Other assessment procedures.

The City Schools already provide group testing as follows:

Otis Quick Scoring I.Q. Test - administered to grades 2, 5, 7, and 10

S.R.A. Achievement Tests - administered to grades 3, 5, 9, and 11

Recommended as implementations to this testing are the following:

Tests found useful by the Title III Therapeutic Education Program:

Pearce-Harris Self-confidence Scale

California Personality Inventory - Primary from K to grade 4, Intermediate form for grades 4-8

Thurston Primary Mental Ability tests, form for ages 1-6

Schaeffer-Aronson - Classroom Behavior Inventory for ages 7-11

Dorothea Leighton's Junior Form of Health Opinion Survey, grades 3-6

It is recommended that during the first year, sample testing be planned for one class in each grade. All these tests are easily administered by a teacher or aide.

For children in grades 2-6, the project staff will discuss with teachers the kinds of observable indications of physical or mental health problems, learning difficulties, behavior problems, et cetera. A check list will be prepared and teachers asked to check the list for each student and mark those for referral to the project team for review.

4. Individual Specialized Assessment Procedures

For children identified by any of the above assessment procedures as needing special assessments, records will be reviewed and discussed by the appropriate project

staff member, referrals and appointments arranged, and aides assigned to assist the family in obtaining such services.

B. Follow-up Responses

Effective coordination will not be achieved simply by written contract agreements. It requires a great deal of staff thought and effort, especially during the first year of an innovative program. This will be particularly the case in regard to medical services. The Department of Public Health has given years of service to schools, although on a limited basis. The major health resource to be used is the Lincoln Community Health Center, for which funding is not to begin until June, 1971, and which will require time to organize and begin its operations and cannot be expected to serve large numbers of children immediately. We therefore think it necessary and wise to plan an implementation stage in gradual steps, devising and improving methods and procedures as experience reveals questions, problems and gaps. Other programs for impoverished families have found that a great deal of time and effort must be devoted to some families to interpret the program to them, begin where they are in interests and concerns, help and encourage them step by step to make decisions and plans, prepare them for referrals and applications, help them through the maze of procedures, et cetera. Our goal is to involve as many parents as possible in active participation in the program, but realistically we know we must begin with a few and utilize their help in extending services to others.

We visualize the follow-up program response pattern to include the following steps or phases. Some responses will be specified for physical or mental health or nutrition or education, but basic to these assignments must be a coordination of the special components within the staff team as well as with community service providers.

1. Discussion in the Advisory Council and Committees, conferences within the staff and with service providers to plan steps in implementing the program, work out principles and methods and details of coordinating services. We recommend that each major service provider delegate a person on its staff to work closely with a designated project staff member on procedures and on-going plans.

2. The project staff will devise and operate a system of records and checks to determine if or when a child received medical or dental examination, was identified by his teacher as having learning or behavioral or emotional difficulties, what recommendations for care or treatment were made, whether they were followed out; when aides conferred with parents and what were the results; what staff member was assigned responsibility for follow-up. The logistics of appointments and records will be the responsibility of the assistant to the coordinator. As the program develops, an aide may be assigned to assist with clerical tasks, telephoning, et cetera.

3. Parent Participation

Parents will be involved in all services provided for their children. A staff member will inform and discuss with them their child's needs as identified by the school and service providers, involve them in decision-making and planning steps to take in obtaining care for their children and carrying out recommendations in the home; obtain their opinions about barriers making it difficult for parents to obtain ser vices for their children and their suggestions for improving the availability of such services. Their interest and participation in conducting the on-going program of the project will be solicited individually through the liason of the aides and through their work in the Parents Committee and the Joint Advisory Council. The paraprofessional aides themselves will be recruited from parents of children in the target schools, will participate in all staff conferences, and give their ideas and help utilize suggestions in the program. Parents will be encouraged to participate and their contributions will be utilized in share-shops, group projects, preparation of instructional materials and all phases of the program. Such parent participation will utilize and develop family strengths, potentials and involvement in the school program. This will benefit other children in the family and help assure the continuance of cooperation between parent, school and community service systems. It will be the responsibility of the social worker to coordinate plans for parent participation and to supervise aides.

4. Weekly Child Case Conferences will be held, including project staff, aides, teachers involved and staff members or representatives of involved service agencies.

a. These conferences will review information about the child identified by the above assessment procedures as needing special services, and discuss and make recommendations about steps to be taken in obtaining additional services or improving the child's situation; designate who will take or share responsibility for conferring with the teacher about helping the child in the class room, discuss plans for coordinating with the parents, with aides and supervisors, make referrals to specialty clinics or other community resources where indicated; or work with the child individually. Reports on these conferences will provide material for case studies and documentation of the process and effects of the program.

b. These case conferences will serve a second major purpose, coordination, by:

1) increasing understanding and skills of the project staff, school personnel and agency staff in helping children with various problems

2) increasing communication between members of various multi-discipline professional groups; discussing and working out differences and conflicts, easing tensions, and increasing mutual respect and cooperation

3) including community agency representatives and regular school personnel in the program and thereby assuring continuance of the gains in cooperation and coordination which this demonstration program initiates.

This plan of team conferences was developed and proven to be productive in the Therapeutic Education Program. Its incorporation in this project illustrates the ripple effect of innovative programs and the practical advantages of utilizing tested features of such programs.

5. Health Services

The project staff Health Educator will have special responsibility for planning and organizing the screening process at the schools and referrals for medical exams and treatment, identifying children with needs, evaluating

urgency in terms of priorities, and following up on recommendations. She will present cases to the Child Case Conferences, confer with the supervisor of aides on subjects needing discussions with and assistance to parents. She will be available to teachers and other staff members for attention during emergencies, illnesses, new indications of health needs. She will serve as liason person with the health service agencies to develop on-going cooperation. She will participate and contribute to training programs for aides and orientation for staff and school personnel, and will contribute to the education program discussed below. (See Appendix for Bibliography)

6. Mental Health Services

The Mental Health Worker will have special responsibility for screening to help teachers identify children with learning, behavioral or other personality problems. She will observe children in the class room and lunch room; select children for presentation at the Child Case Conferences, and utilize consultations from child psychiatrists and clinical psychologists and other personnel in the Child Guidance Clinic and the Community Mental Health Center for services to adults. She will provide short term psychotherapy for some children. She will refer children for psychiatric evaluation and treatment where indicated, and to other resources for emotionally disturbed or handicapped children in the area. She will counsel with teachers on how to handle children with mental health problems in the class room. She will confer with the supervisor of aides on work with families around the child's problems. She will contribute, to the training and orientation programs and to educational materials, concepts of child development, principles for developing and maintaining mental health, understanding of emotional problems, ways of helping children with such problems. We recommend that she initiate in one first grade class in each school the method developed and found productive by the Woodlawn Project, of conducting brief discussion periods among the children, with the teacher and the mental health worker, about questions and concerns of the children, their ideas of learning in school, the challenges of becoming a good first year pupil; and later inviting parents to participate in a limited number of these discussions. We recommend also that she utilize the concepts and methods described in Patricia Sear's book, "In Pursuit of Self-Esteem" and Coleman's

study of the Equalization of Educational Opportunity in helping teachers infuse into classroom materials ways of developing self-esteem and the ability to make decisions for oneself.

7. Nutrition Services

The Nutrition Educator will collaborate with the Director of the City School Lunch Program and the local school Lunch Room Manager in planning, preparing and serving two nutritious meals each day - breakfast and lunch - and will convey to and elicit from all food service personnel, ideas and ways of enhancing a pleasant atmosphere in the lunchroom and enjoyable group experiences in eating together. In the training program for the aides and orientation of school personnel, she will present the philosophy of nutrition, information and plans to implement this area of the program. In conferences with the Health Educator and in Child Case Conferences she will discuss the special nutritional needs of children identified as having nutritional deficiencies, conditions requiring special diets, or unusual eating habits, and help teachers plan how to help the child in school and the aide to help the parents at home. Working with the Nutrition Consultants Committee, she will prepare instruction materials about nutrition to be used in class room instruction. She will plan and organize special projects. Among innovative ideas suggested for such projects are: The use of the "Doll House" a small, separate building on the grounds of Pearson School which could be equipped so children could go there to learn about foods, help prepare and serve dishes; puppet shows, other plays, and Food Fairs which children could help plan, prepare and present to classes and to parent groups; special projects such as demonstrations and essays by children on soybeans; projects involving parent participation, such as Cook and Taste Demonstrations; Tips for Men Chefs; exchange of recipes and tips on buying and cooking; Special Help for "over-weight" and "under-weight" children and adults; meetings for children and adults; meetings for pregnant women about their special dietary need; family picnics, buffet suppers. She may also collaborate on plans suggested by North Carolina Central University for a special, credit course on Nutrition Education for teachers. (See Appendix C for more details.)

8. Education Services

A goal of this project is to coordinate the special services which the project team provides with the regular education program of the school. We plan to involve all teaching and other personnel, such as lunchroom employees, and central office supervisors, in this program. The project team will contribute to the orientation and on-going in the training of aides and staff through staff meetings, and the work of the Joint Advisory Council and its committees, Child Case Conferences and counseling with individual teachers. These methods will provide an input of materials and ideas for classroom instruction and management to enable teachers to stimulate and increase the motivation of children to learn; to emphasize information and principles of maintaining and increasing health of body and mind, the development of good habits in eating, health care, cooperation, et cetera. Consultant resources will be utilized to contribute to these plans and preparation of materials. Group projects will be planned and conducted for children and for families to increase their knowledge and know-how for improving health habits and care, stimulate their interest in learning ways to foster the child's health and development in home care. The demonstration of these methods will have a ripple effect on other schools in the school system and through dissemination to other school systems.

XII. Description of Staffing Patterns, Formal Training Required for Each Position and Duties of Key Personnel.

A. Organizational Structure (See next page.)

B. Project staff to be employed include:

1. Project Director - 10% of time
2. Project Coordinator - full time
3. Assistant to Coordinator - full time
4. Health Educator - full time
5. Nutrition Educator - full time
6. Mental Health Worker - full time
7. Social Worker - full time
8. Eight Paraprofessional Aides - full time
9. Bookkeeper - full time
10. Clerk-Typist - full time

C. Qualifications and responsibilities of each staff member

1. Project Coordinator

Qualifications:

A minimum of a B.S. degree. Prefer a person with from one to three years of graduate study.

Must have had at least 5 years of successful experience in administration.

Personal characteristics should be those which will make for satisfactory functioning in a team that represents several disciplines.

The coordinator must have administrative skill, ability to inspire confidence, be able to work understandingly with people and must have a high degree of adaptability.

The coordinator must be ab le to communicate up, down, and out.

Responsibilities:

Administration of the project and designating responsibilities.

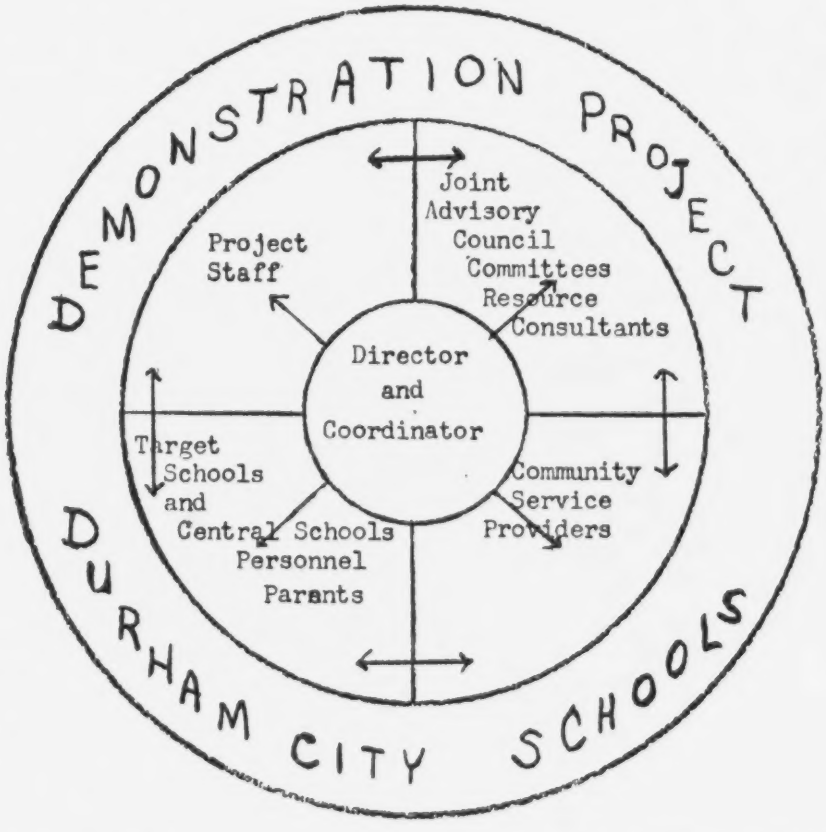
F.O.O.D. Focus on Optimal Development

ORGANIZATIONAL STRUCTURE

Board of Education, Durham City Schools
Superintendent

Project Director — Project Coordinator

Joint Advisory Council | Project Staff | Target Schools Personnel | Community Service Providers



Joint Advisory Council
- Parents Advisory Committee
- Professional Advisory Committee
- Nutrition Advisory Committee
- Resource Consultants

Project Staff
- Health Educator
- Nutrition Educator
- Mental Health Worker
- Social Worker
- Paraprofessional Aides
- Assistant to Coordinator
- Bookkeeper
- Clerk-typist

Target Schools Personnel
- Principals
- Teachers
- Lunch Room Employees
- Central Schools Supervisors

Community Service Providers
- Dept. of Public Health
- Dept. of Social Services
- Community Mental Health Center
- Lincoln Community Health Center
- Title XIX Medicaid Program
- Title I School Program
- N. C. School Lunch Program
- Other Service Providers

Orientation of school personnel and training of para-professional aides.

Direction and supervision of the Project Team.

Coordinating the services of the major service providers and other community resources.

Coordinating the project program with the regular program of the schools, in cooperation with the principals and supervisors.

Development of a record keeping system to facilitate services and to provide data for evaluation of the on-going program.

Preparation and dissemination of materials and reports of the project.

2. Nutrition Educator

Qualifications:

A minimum of a Bachelor's degree with emphasis on food, nutrition, institution management and education.

Prefer a person with one year of graduate study in foods.

Personal Characteristics:

Should be able to identify with children and parents of low-income families.

Must have a genuine liking for people, expecially children.

Must have the ability to organize, to delegate and to supervise; and must have excellent health and emotional stability.

Experience:

At least 3 years of successful experience in education and/or working with foods. Experience and know-how in relating to low-income families.

Responsibilities:

Confer with the Director of Food Services about meals served at the project schools.

Confer with school and project personnel on methods of improving children's eating habits.

Participate in training program, staff orientation and Child Case Conferences to contribute understanding of children's nutritional needs, attitudes, eating habits, and need for family assistance.

Prepare educational materials and ideas of ways to strengthen classroom teaching of the health aspects of nutrition.

Help plan and organize special group projects and programs for children and for families.

Utilize the participation of members of the Nutrition Consultants Committee and organizations in the area.

3. Mental Health Worker

Qualifications:

M.A. in Psychiatric Social Work.

Experience in an agency providing psychiatric services for children and/or

Experience in a school setting, such as the Therapeutic Education Program.

Ability to formulate and communicate basic concepts of mental health to professional staff and to aides.

Responsibilities:

Organizing and conducting a screening program for teachers to identify children with learning disabilities, behavioral problems or other kinds of emotional problems.

Consultation with teachers about children's mental health needs and ways of handling them in the classroom.

Contribute to the training, orientation and on-going staff in-service training programs and participate in Child Case Conferences.

Utilize consultation from child psychiatrists and clinical psychologists in the Community Mental Health Center, Child Guidance Clinic, and other resources.

Make referrals and follow-up for children needing special services from mental health agencies in the area.

4. Social Worker

Qualifications:

M.A. in Social Work.

Experience preferably in more than one kind of service agency, such as public welfare, family counseling, school social work.

Knowledge of community resources.

Knowledge and experience in planning training programs and supervising paraprofessional aides in work with low-income families.

Responsibilities:

Plan and participate in the training program for aides.

Supervision of aides in working with families.

Referral and follow-up of children or families receiving or needing social services.

Coordinate the program work with other community service providers, especially the Department of Social Services.

Contribute to staff orientation and Child Case Conferences.

Help plan and coordinate activities and projects to include and increase parent participation.

5. Paraprofessional Aides

Qualifications:

A parent of a child enrolled in one of the garget schools.

Desirable: a high school diploma or equivalency.

Motivation and ability to learn new concepts and methods and utilize supervision.

Personal characteristics, such as warmth, tact, ability to respect confidence, to accept people without being condemnatory, punitive or rejecting.

Flexibility in accepting assignment and new tasks and working cooperatively.

Responsibilities:

To participate in staff conferences, committees, Child Case Conferences in plans for liason work with parents, group projects, and lunch-room services.

To serve as major liason agent between the school, the project and the child's family, making home visits, assisting families understand and plan to participate in school projects, assisting families in making appointments, getting to clinics, attending meetings, et cetera. When designated to do so, assisting the Health Educator or in the School Lunchroom, or the Assistant to the Coordinator in the Records Office, or the Nutrition Educator in preparing materials, et cetera.

XIII. In-Service Training

A. An orientation for all school personnel will be planned prior to school opening in the fall. The Staff Team will plan this orientation.

B. On-going in-service training will be provided through staff meetings, the Child Case Conference, and individual consultation to school personnel.

C. Training of Paraprofessional Aides.

Plans for this training have not been finalized. Conferences have been held with Mr. Capehart, Director of New Careers Program of Operation Breakthrough which has provided training for aides and for career-ladder development; and with Mrs. Pauline Lack, Social Worker for Title I Program, who has trained paraprofessional aides as home-school aides, and assisted in planning for home-school coordinators for the ESA program. The Project Social Worker will develop plans to provide meshing of the services of project aides and aides in these other programs, and at the Lincoln Community Health Center, so there will not be overlapping and duplication and several different aides going into one home.

The tentative plan is to provide two weeks in-service training, to include: (1) orientation to the F.O.O.D. Program, its objectives, organization and procedures, and (2) responsibilities of aides as school-family liason staff members. The training will include:

1. Basic principles of working with families, such as respect for their individual life styles, their right to choice and decision-making; confidentiality; ways to establish rapport and cooperation; ways of sharing information and recommendations; helping the family plan step by step how to help their child.

2. Knowledge of community resources, so that referrals can be explained, information given, assistance given in making and keeping appointments, et cetera. In addition to this general training to be given all aides, they will receive additional training through supervision and participation in Child Case Conferences and other projects of the program. Some aides will be designated and given special instruction in serving as aides to the Health Instructor in managing the Health Room; in screening and record keeping; some

will be assigned as aides to the Nutrition Educator, to assist in her functions.

It is also planned to develop some career-ladder opportunities, so that as the program develops and individual aides demonstrate special interest and ability for particular responsibilities, such as health aide, they may receive additional training and experience to qualify them for higher lever responsibilities in hospitals or other community agencies; and other aides to be recruited to begin their initial experience in the program. (See Appendix H.)

XIV. Time-frame

A. Final planning or gear-up stage, described in Section XVII A.

Summer months - June, July and August.

Usual work day hours.

In-service training of school-home aides, to begin in July.

Home visits of aides to kindergarten and first grade children prior to school opening.

Evening and week-end hours will be necessary, as some parents work or will not be available during the day time for other reasons.

B. Operational Stage: described in Section XVII B.

September to June (school year).

Usual school hours work day, with compensatory time off for necessary late afternoon, evening and week-end work as needed for meetings, special projects, home visits, et cetera.

C. Summarization of year's work: June (depending upon dates of funding).

XV. Certification that grant funds will not supplant other federal, State, or local funds, including Title I and Title XIX funds presently available for nutrition and health services. (See certification letter on next page.)

Durham City Schools
LEW W. HANNEN, SUPERINTENDENT
Durham, North Carolina 27702

February 26, 1971

To Whom It May Concern:

This is to certify that grant funds in connection with the attached proposal will not supplant other federal, State, or local funds, including Title XIX funds presently available for nutrition and health services.

Lew W. Hannen

Lew W. Hannen, Superintendent
Durham City Schools

lrl

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

O.M.B. NO. 81-R0709
APPROVAL EXPIRES 8/31/71

PROPOSED BUDGET SUMMARY /EXPENDITURE REPORT OF FEDERAL FUNDS

(NOTE: Please read the attached instructions before completing this form)

NAME AND ADDRESS OF AGENCY	PROJECT NUMBER	GRANT NUMBER	STATE
Durham City Schools, P. O. Box 2246 Durham, N. C. 27702			N. C.

PART I – EXPENDITURES *(other than construction)* — (Check One) [ ] PROPOSED BUDGET SUMMARY (ATTACH DETAIL SCHEDULES) [ ] ESTIMATED EXPENDITURE REPORT [ ] FINAL EXPENDITURE REPORT — BUDGET PERIOD (MONTH, DAY, & YEAR) BEG: END:

EXPENDITURE ACCOUNTS		EXPENSE CLASSIFICATION								
FUNCTIONAL CLASSIFICATION	ACC'T NO.	SALARIES PROFESSIONAL	SALARIES NON-PROFESSIONAL	CONTRACTED SERVICES	MATERIALS AND SUPPLIES	TRAVEL	EQUIPMENT	OTHER EXPENSES	TOTAL EXPENDITURES	NEGOTIATED BUDGET
1	2	3	4	5	6	7	8	9	10	11
1 ADMINISTRATION	100	$ 20,205	$ 19,800	$ 3,750	$ 600	$ 1,250	$	$ 750	$ 46,355	$
2 INSTRUCTION	200	10,800	7,920	600	500	1,040		1,020	21,880	
3 ATTENDANCE SERVICES	300									
4 HEALTH SERVICES	400	11,400	7,920	100,000	731	600			120,651	
5 PUPIL TRANSPORTATION SERVICES	500					1,500			1,500	
6 OPERATION OF PLANT	600									
7 MAINTENANCE OF PLANT	700									
8 FIXED CHARGES	800							17,094	17,094	
9 FOOD SERVICES	900	11,400	7,920		1,200	600		21,690	42,810	
10 STUDENT-BODY ACTIVITIES	1000									
11 COMMUNITY SERVICES	1100	11,400	7,920		800	700		3,625	24,445	
12 REMODELING (IF COSTS TOTAL MORE THAN $2000 ENTER IN PART II)	1220c									
13 CAPITAL OUTLAY (EQUIPMENT ONLY)	1230						4,254		4,254	
14 TOTAL →		$ 65,205	$ 51,480	$ 104,350	$ 3,831	$ 5,690	$ 4,254	$ 44,179	$ 278,989	$
15 NEGOTIATED BUDGET →		$	$	$	$	$	$	$	XXXXXXXXXXXXX	$

O.E.

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18AA-260

DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321

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GRANT NO.

PROJ. NO.

Series Account No. 100

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
100.3	Coordinator	X		15 Mos.	1347	20,205
100.4	Assistant to Coordinator	X		12 Mos.	700	8,400
	Bookkeeper	X		15 Mos.	480	7,200
	Clerk-Typist	X		12 Mos.	350	4,200
100.5	Audit			50 hrs.	15.00/hr.	750
	Evaluation			120 hrs.	25.00/hr.	3,000
100.6	Misc. Supplies: paper, stencils, zerox paper, checks, W2 forms, Bookkeeping Supplies, Duplicating, etc.					600.
100.7	Local Travel - Coordinator			15 Mos.	200.00/yr.	250
	Out of Town Travel and Per Diem Staff			5 trips	200.00/trip	1,000
100.9	2 Telephones, Postage			15 Mos.	50.00/ Mo.	750.
						46,355
					Total Budgeted Amount	$46,355

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

XXSTATEXBOARDXOFXEDUCATIONXXXXX
XXELEMENTARYXANDXSECONDARYXEDUCATIONXACTXOFX1965XTITLEXXXXX

XXSUPPLEMENTARYXSCHEDULEXXX

GRANT NO.

PROJ. NO.

Series Account No. 200

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
200.3	Health Educator	X		12 Mos.	900./Mo.	10,800
200.4	2 Educator Aids	X		12 Mos.	330./Mo.	7,920
200.5	Consultants			8 days	25./day	600
200.6	Misc. Supplies: paper, stencils, pamphlet, etc.					500
200.7	Local Travel - Health Educator			1 year	200./yr.	200
	Travel & Per Diem - Consultants			8 trips	55./trip	440
	Local Travel -Education Aids (2)			1 yr.	200./yr.	400
200.9	In Service					
	8 Paraprofessionals			30 hrs.	2./hr.	480
	6 Professionals			30 hrs.	3./hr.	540
					Total Budgeted Amount	$21,880

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

- 18AA-260

DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321

XXXSTATEXBOARDXOFXEDUCATIONXXX

XXXELEMENTARYXANDXSECONDARYXEDUCATIONXACTXOFX1965,XTITLEXIIIXXX

XXXXSUPPLEMENTARYXSCHEDULEXXX

GRANT NO.

PROJ. NO.

Series Account No. 400

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
400.3	Mental Health Worker	X		12 Mos.	950./Mo.	11,400
400.4	2 Health Aids	X		12 Mos.	330./Mo.	7,920
400.5	Mental Health, Physical Health, and Dental Services(not available free from existing agencies)					
	Dental Service			500 pupils	80./pupil	40,000
	Physical Health			500 pupils	60./pupil	30,000
	Mental Health			500 pupils	60./pupil	30,000
400.6	Wetzel Charts			1310	.10/chart	131
	Misc.: File folders, paper, stencils, first aide supplies, etc.			2 schools	300./sch.	600
400.7	Local Travel - Mental Health worker			1 yr.	200./yr.	200
	2 Health Aids			1 yr.	200./yr.	400
					Total Budgeted Amount	$120,651

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

18AA-260

DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321

X STATE BOARD OF EDUCATION X
X ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965, TITLE III X

X SUPPLEMENTARY SCHEDULE X

GRANT NO.

PROJ. NO.

Series Account No. 500

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
500.7	Transportation for children to: Doctor, Dentist, & Mental Health Clinic			500. x 3	1.00/trip ave.	1,500
					Total Budgeted Amount	$1,500

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

- 18AA-260

DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321

XXXSTATE BOARD OF EDUCATIONXXX

XXXELEMENTARY AND SECONDARY EDUCATION ACT OF 1965, TITLE IIIXX

XSUPPLEMENTARY SCHEDULEXX

GRANT NO.

PROJ. NO.

Series Account No. 800

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
400.9	Social Security			116,685	5.2%	6,068
	Retirement			116,685	8.95%	10,443
	Workers Compensation			116,685.	.5%	533
					Total Budgeted Amount	$ 17,094

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

- 18AA-260

DURHAM CITY SCHOOLS - DURHAM, N. C, STATE CODE 321

XXXXXSTATE BOARD OF EDUCATION

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18AA-260 DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321 60g

XSTATEXBOARDXOFXEDUCATIONXX
XXELEMENTARYXANDXSECONDARYXEDUCATIONXACTXOFX1965,XTITLEXIIIXX

XXSUPPLEMENTARYXSCHEDULEXX

GRANT NO.

PROJ. NO.

Series Account No. 1100

Expense Class	Name & Title Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
1100.3	Social Worker	X		12 Mos.	950./Mo.	11,400
1100.4	2 Social Work Aides	X		12 Mos.	330./Mo.	7,920
1100.6	Misc. Supplies: pots, pans, napkins, food supplies, etc. duplicating (parent handouts, etc.)					800
1100.7	Local Travel - Nutritionist			1 yr.	200./yr.	200
	Local Travel - 2 aides			1 yr.	200./yr.	400
	Travel Parents (hardship only)			50	2.	100
1100.9	3 Meetings (Refreshments)			500 parents	.25	375
	2 Meetings (Dinner)			500 parents	1.00	1,000
	5 Meetings (Baby Sitting)			300 parents	.75/hr. x 2 hrs.	2,250
					Total Budgeted Amount	$24,445

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

FORM 18AA-260A

DURHAM CITY SCHOOLS - DURHAM, N. C. STATE CODE 321

~~STATE BOARD OF EDUCATION~~

~~ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965, TITLE III~~

~~SUPPLEMENTARY SCHEDULE~~

GRANT NO.

PROJ. NO.

Series Account No. 1230 - Capital Outlay (Equipment Only)
(This schedule should include such items as teaching machines, furniture, machinery, vehicles, T.V., film and slide projectors, etc., but not materials such as textbooks, films, records, library materials and teaching supplies, which are covered in other expenditure accounts.)

Description of Item	Quantity	Unit Rental Cost Per Month	Project Period Rental Cost	Unit Purchase Cost	Budgeted Amount
Executive Desk	1			152.20	152.20
Teacher Desk	1			55.00	55.00
Swivel Chair	1			63.60	63.60
Secretary Desk	1			166.80	166.80
Secretary Chair	1			53.00	53.00
Arm Chairs	4			36.00	144.00
Locking 4 drawer File Cabinets with Pendaflex Frame)	3			110.00	330.00
Man. Typewriter	1			150.00	150.00
Electric Typewriter	2			332.80	665.60
Adding Machine	1				230.00
Calculator	1				462.00
Room Dividers (Health room)	2			45.00	90.00
Folding Beds (Health rooms)	2			30.00	60.00
Teacher Desk	2			55.00	110.00
Chairs	6			30.00	180.00
Small Work Tables	2			45.00	90.00
Chest of Drawers(storage)	2			45.00	90.00
Large Medicine Cabinets	2			45.00	90.00
Long Skin Fold Calipers (Health room)	2			38.00	76.00
Teachers Desks	4			55.00	220.00
Swivel Chairs	4			58.00	232.00
Straight Chairs	10			30.00	300.00
Tables	2			60.00	120.00
				Sales Tax	123.90
				Total Budgeted Amount	$4,254.10

Prepare in triplicate and attach all three copies to Forms 18AA-241-1 and -2 whenever these forms are being submitted as a "Proposed Budget Summary."

XVII. The Implementation Phase

A. Final Planning and Gear-up Phase - summer months

Recruitment and employment of staff

Completing space arrangements, obtaining necessary office equipment and supplies

Work with Joint Advisory Council in planning policies and procedures

Staff work in planning and organizing:

In-service training of school-family aides and scheduling home visits to families of children enrolled for kindergarten and first grade

Coordinating plans with service providers

Planning and scheduling for screening assessments

Devising/system of logistics and record keeping so it can be tried out and implemented prior to school opening

Collection of reports on previous medical examinations, experience in Headstart, kindergarten, day care program

Planning and conducting orientation for school personnel prior to school opening

B. Operational Phase: School Year, September to June

Conduct assessment and follow-up programs

Conduct Weekly Child Case Conferences and staff meetings

Continue work with Joint Advisory Council and committees

Plan and conduct special programs for parent participation and group projects for children

Prepare and utilize educational materials

Begin process of on-going self-evaluation of the organization and effectiveness of various components of the program

Plan and prepare reports, evaluation requested by funding agency

Evaluation - During the first year of operation of the program we plan to collect materials which would be needed for preliminary evaluation:

1. A record system to keep track of and permit tabulation and summary of various services provided to children, referrals, home visits, conferences, et cetera

2. Notes of Child Case Conferences which will provide examples of various kinds of child problems, plans made to assist the child and family, follow-up outcome, discussions to clarify responsibilities, et cetera

3. Minutes of meetings of the Joint Advisory Council and its committees

4. Minutes or notes on staff meetings

5. Records of assessments of physical and mental health, nutritional status, tests and questionnaires administered.

6. Reports on special projects, educational materials prepared, et cetera. Such materials will not only provide information for reports to the Superintendent of Schools, the community service providers, and the funding agency but provide suggestions for developing an evaluation-research program in subsequent years.

LIST OF REFERENCES

Bettelheim, Bruno. Food to Nurture the Mind. The Children's Foundation, 1028 Seventeenth Street, N. W., Washington, D. C. 20036

Birch, Herbert G., M.D., Ph.D., and Joan Dye Gussow. Disadvantaged Children: Health, Nutrition, and School Failure.

Coleman, James. The Equality of Educational Opportunity. Washington, D. C., U. S. Government Printing House, 1966.

Comparative Study of Programs for Exceptional Children. Florida State Department of Education Bulletin, April, 1967.

Coles, Robert, and Maria Piers. Wages of Neglest: New Solutions for the Children of the Poor.

Cronan, Marion L. The School Lunch. Charles A. Bennett Company, Inc., Peoria, Illinois. 1962

Education Improvement Program, Durham, N. C., Five Year Report. 1971

E.S.E.A. Title I Program, Durham City Schools. Descriptive Evaluation Report. 1970

Kellem, S. G., and S. K. Schiff. "Adaptation and Mental Illness in the First Grade Classrooms of an Urban Community (Woodlawn Project)" in American Psychological Association Research Report #21, Poverty and Mental Health. 1967

LaBarre, Maurine. "The Strengths of the Self-supporting Poor," Social Casework XLIX, 459-466. 1968

North Carolina Fund, A Profile of Community Problems, Durham County. 1965

North Carolina Fund, A Survey of Low Income Families. 1967

Lincoln Community Health Center, Grant Proposal for funds under 314E

Lippitt, Ronald, Jeanne Watson, and Bruce Westley. The Dynamics of Planned Change. Harcourt, Brace and World Inc., New York.

North Carolina Study Commission on North Carolina's Emotionally Distrubed Children, Summary Report, "Who Speaks for Children?" 1970.

Read, Merrill S. The Biological Bases, Malnutrition and Behavioral Development. National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland 20014

Read, Merrill S. Malnutrition and Learning. (Adapted from an article in American Education, December 1969)

Sears, Pauline, and Vivian Sherman. In Pursuit of Self-Esteem. Wadsworth. 1964

Semrow, Ellen H. Programming Nutrition Education. (Prepared for the School Junch Journal, November 1962)

Williams, Daniel T., Albert Sherwin, and Melvin Schwartz. "Effects of Socio-Economic Factors on Childhood Psychiatric Impairment." Arch. General Psychiatry, September, 1969.

APPENDIX A

DURHAM COUNTY HEALTH

DI PARTMENT

SCOPE OF SERVICES

DURHAM COUNTY HEALTH DEPARTMENT
300 E. Main Street
Durham, N. C. 27701
Telephone 682-8176

O. L. Ader, M.D., M.P.H.
Health Director

FUNCTION: To organize and administer preventive health services for the promotion of personal and community health, the maintenance and improvement of a healthful environment, and a sustained attack on disease and disability.

SERVICES:

Public Health Nursing - provides services on an individual, family or community basis in a home, school, clinic or other place for the solution of a health problem by means of education, demonstration or application. Certified to provide Home Health Services under Medicare.

Health Education - provides up-to-date information through talks, pamphlets, films, newspapers, radios, and television on health facts, resources and activities. Assists groups in planning special health projects and programs.

Dental Health - provides health education and screening services to school children in grades 1-6; corrects defects for underpriviledged children, refers others.

Laboratory - makes bacteriological and chemical examination of milk, adulterated foods and beverages and water from private supplies. Examines smears, cultures, blood specimens from the Department's clinics and private physicians.

Vital Statistics - registers all births and deaths in County. Issues certified copies of birth and death certificates. Issues burial-transit permits.

Health Service Clinics - (1) Chest: provides case finding services (X-rays and others) to public; diagnostic, referral and follow-up services to patients and contacts. (2) Immunization: provides protection of children and adults against many different communicable diseases. (3) Maternity*, well child* (birth to 6 yrs.), and Family Planning*; provides examinations, health guidance and health education for indigent and medically indigent mothers and children; (4) Venereal Disease: provides case finding, diagnosis, treatment and epidemiologic follow-up services to patients and contacts; (5) Multiphasic Screening Clinic: provides health screening services for persons over 25 years of age coming to the Health Services Clinics; (6) Glaucoma Screening and Diabetes Clinics: available for persons over 35 years of age.

Health Service Clinics	Days	Hours
Chest	Mon. thru Fri.	8:30-11:30 a.m.; 1:00-4:30 p.m.
Diabetes	"	" "
Glaucoma	"	" "
Health Cards	"	" "
Multiphasic Screening	Mon. thru Fri.	8:30-11:30 a.m.; 1:00-3:00 p.m.
Immunization	Mon. thru Fri.	- - - ; 1:00-4:30 p.m.
. . . . .	Mon. and Fri.	8:30-11:30 a.m.; 1:00-4:30 p.m.

*Telephone Health Department for time and location

Sanitation - Environmental sanitarians supervise source and quality of private water supplies, swimming pools, ponds, and methods used in human waste and garbage disposal; investigate complaints and abate health nuisances. Periodic sampling, studies, and public education on problems of air pollution is a recently added service. Food and milk sanitarians inspect and supervise foodhandling services and practices used in the production, processing and serving of foods; investigate complaints and food poisoning outbreaks. Rabies inspectors supervise operation of animal shelter; impound stray dogs, investigate biting and nuisance complaints, and promote anti-rabic inoculation.

ELIGIBILITY: No restrictions generally. Some clinics restricted to persons of limited financial means.

APPLICATION PROCEDURE: Telephone or visit.

HOURS: Monday through Friday 8:30 a.m. to 5:00 p.m. (closed 12 noon to 1:00 p.m.).

AREA SERVED: Durham and Durham County.

SOURCE OF FUNDS: County, State, and Federal.

March, 1969

DURHAM COUNTY HEALTH DEPARTMENT

School Health Program
The Public Health Nurse's Responsibility

As a public health nurse, you are administratively responsible to the Director of your public health agency. When working in a school, you are considered a "faculty member." The nurse should handle all policy making, problem and personnel procedures relating to the school nursing program with the school principal or his delegated representative. Each principal approves the program planning in his school and needs to be informed of nursing activities when necessary and through periodic and special reports. It is understandable that the functions of the public health nurses serving schools will vary according to the local situations and the competencies and experience of the individual nurse. In all cases, you are expected to serve as a health advisor to the school faculty, as a health counselor to parents and students and as liaison to all community health resources. Some of your responsibilities in a school health program include:

1. Participation in the over-all planning committee or through the nursing representative (supervisor or director) on the committee. School work includes such duties as:

   a. Providing information on needs and ideas for solutions.
   b. Planning and scheduling for regular and special health services.
   c. Interpreting program and needs to community groups.

2. Leadership in individual school with the school principal or his delegated representative. Duties include:

   a. Appraising health needs, establishing goals and initiating a program within the framework of the over-all plan.
   b. Providing a schedule including specific dates and amount of time for regular visits to school.
   c. Arranging for health appraisal (rescreening), referrals and health services.
   d. Planning for isolation, exclusion, and readmission of students with communicable diseases.
   e. Planning for emergency care, including first aid procedures and supplies.
   f. Observing and reporting health or accident hazards to responsible persons.
   g. Becoming familiar with the total school program as it relates to the health of the child - lunchroom, physical education, guidance program, health textbooks, safety, sanitation, teacher health, general practices.
   h. Using health services as a means of direct or indirect teaching.
   i. Interpreting home and community health needs to faculty for use in health instruction.
   j. Providing or suggesting health education materials and resource persons for classroom use. Planning with and assisting teacher, upon request, in the instruction of certain health units.
   k. Selecting and compiling of health reports concerning children.
   l. Working with student, faculty, and community committees concerned with health of school age child.
   m. Promoting evaluation and studies on what is done and how it is done.
   n. Using evaluation as a basis for planning for next year's work.

N-204 4-68

SERVICES AVAILABLE FROM THE DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

SCHOOL HEALTH PROGRAM

GOAL - Attain and maintain a high level of physical, mental, social and emotional well-being for every school-age child.

I. TEACHER SCREENING:

1. In North Carolina, the teacher has long been recognized as a key person in the health appraisal of the school child; however, it was not until 1955 that she was given the responsibility legally in the "Public School Laws of North Carolina."

   Daily contact with the students in varied situations afford the teacher an opportunity to observe signs and symptoms indicative of deviations which otherwise might be missed.

2. Teachers start screening children early in the year.

3. Teacher Screening and Observation Records (T S O R) are recommended for use.

4. Any child which might benefit from follow-up by a public health nurse should be referred to her by way of form "Request for Screening" placed in a designated place as a mail box.

5. There should be teacher-nurse conferences on any child where the teacher or nurse has information helpful for the care of the case.

II. NURSE VISITS:

1. The nurse will visit her schools weekly on a scheduled day and as necessary.

2. The nurse will clear with each principal the day for regular visits, the medical health examination of first and ninth grade children, and the pre-school conference. Also, she will determine whether or not she is to meet with the teachers before school opens to explain the school health program.

III. TEACHERS MEETING:

1. Determine availability of "A Guide for Teacher Observation and Screening" for each teacher.

2. A quick review of the role of the nurse as a contributor to the school health program may be requested by the principal for all teachers or only the new ones.

3. Information about availability of resources should be reviewed.

4. Dates for programs to be held in the school may be given, such as, first grade examinations and pre-school conferences. (As these programs primarily affect only first grade teachers, the information may be distributed only to them.)

IV. FIRST GRADE OR ELEMENTARY SCHOOL EXAMINATIONS:

1. Medical examinations are given to all first grade children not receiving them before entrance to school.

2. Letters informing the parents of the doctor's visit and inviting them to

be present for their child's examination are sent home by the children.

3. Examinations are usually done in the room in which nurse does her screening.

4. Children are undressed and nightengale drapes are used for examinations.

5. Findings are recorded on The School Medical Examination form for the cumulative folder and nurses activity sheet.

6. If referred for follow-up and parents are not present, a follow-up notice will be sent home.

V. PRE-SCHOOL CONFERENCE:

1. Pre-school conferences are held for purpose of letting children have a pleasant experience on their initial visit to school and to inform parents about health needs, immunization requirements and recommendations, etc.

2. The nurse is usually invited to talk to the parents about physical readiness of their pre-school child for school admission.

3. Literature for distribution may be taken.

VI. FOLLOW-UP OF REFERRALS TO NURSE:

1. Children referred are interviewed and rechecked in a room previously designated for this purpose.

2. Follow-up slips are sent to parents of children with uncorrected vision of 20/40 or more, or if history indicates need for further check by physician.

3. Follow-up slips are sent to notify parents of any other defect which teacher and nurse or doctor deem necessary.

4. Home visits are to be made at the discretion of the public health nurse and teacher.

5. The principal and teacher should be notified of the nurse's visit and accomplishment.

6. When defects are corrected, the teacher should inform nurse and record on Health Record. A monthly report of all corrections whether private cases or those referred for financial assistance is needed to give a picture of total school health programs.

VII. REFERRING FOR FINANCIAL ASSISTANCE:

1. The Durham County Association for the Blind and the N. C. Commission for the Blind assist indigent persons with medical eye care. Miss Paulson, caseworker at the Welfare Department, determines eligibility.

2. The public health nurse can assist indigent parents in obtaining dental care for their children (first to sixth graders) through the School Health Fund.

3. Families can be referred to the Department of Public Welfare Monday thru Friday, from 8:15 a.m. - 5 p.m.

SCOPE AND ORGANIZATION OF SERVICES

I. Overall Concept and Philosophy of Service

The services of the proposed Community Health Center, its staffing pattern, hours of operation, and relationships with other community health resources can be best understood in the context of the Center's overall concept and philosophy of care.

The services of the Center will be organized consistent with the spectrum of needs that patients will have as they approach the Center seeking health care. These needs coincide with at least six different categories of care as follows:

(1) Continuing, "primary" care for most medical problems. This refers to non-emergency, or "elective", ambulatory care by appointment - both in the office and in the home - for patients who are known to the program or are in the process of becoming known to the program. This category includes all personal preventive care, health maintenance, symptomatic treatment of specific and general discomfort, and continuing care of patients with chronic conditions as well as the complete diagnostic workup of most medical problems. This category of service is listed first because it is the entry point into the program and the service component most responsible for maintaining continuity of care for the patient. Because of this and because the majority of patient needs can best be served by this kind of care, the continuing "primary" care component is central to all of the others. In the proposed Center program, this care is to be provided by the family care team (described below in detail).

(2) "Dispensary" care. This is episodic, "walk-in", semi-emergent medical care for minor injuries, acute discomfort, or other symptomatic illness with acute onset. "Dispensary" care is given without appointment for problems for which advance appointment may not be appropriate or possible, particularly problems which occur at times when the family care team is not holding office hours. Arrangements for

dispensing care under these circumstances are discussed below. "Dispensary" care must be differentiated from care for true medical emergencies which can be handled adequately only at well equipped emergency facilities with immediate access to all necessary equipment and manpower.

(3) Care for true medical emergencies. At the Center this will be limited essentially to first-aid and transportation to the Duke Medical Center. Patients of the program will be instructed in seeking care for life or disability threatening medical emergencies, so that self-referral in such cases becomes customary.

(4) Consultation and care by certain specialized health personnel. This category refers to the specialized services that the Center's patients will need frequently, that cannot ordinarily be provided by the family care team. Most of these will be provided on site as integral components of the Center's program. These services are discussed in detail below.

(5) Consultation and intermediate or long term continuing care by more highly specialized health personnel. This category includes the out-of-hospital services that the Center's patients will need less frequently such as long term psychotherapy, care by certain medical and surgical specialists such as neurologists, urologists, orthopedists, neurosurgeons, etc., and specialized rehabilitation services such as speech therapy, etc. The Center will make arrangements with outside programs or individual providers to accept referral of Center patients who are in need of these services. This is discussed in more detail under "Relationship to Other Sources of Care and Other Programs."

(6) Inpatient Care. Hospitalization is also discussed under "Relationship to Other Sources of Care and Other Programs."

(7) Administrative and support services. There is another large group of services that unlike the six categories of service listed above are not responsible for rendering personal health care to patients, but

rather are supportive to the program of care given by the Center or to the Center's overall operation. These services, the majority of which will be integral components of the Center program, are also discussed below in detail under the heading "Administrative and Support Services." They include: laboratory, x-ray, pharmacy, medical records and service and utilization review, evaluation, housekeeping, transportation, staff training, reception and patient assistance, community organization, health education, patient accounts and reimbursements and overall administration.

LINCOLN COMMUNITY HEALTH CENTER
1301 FAYETTEVILLE STREET
DURHAM, NORTH CAROLINA 27707

January 27, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Post Office Box 2246
Durham, North Carolina 27702

Dear Mrs. Selph:

The Lincoln Community Health Center is happy to support your application for "A Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families."

Our project, funded by 314-E funds, is now being organized and we plan to be operational by June 1, 1971. We feel that we will be in a strategic position to help your committee achieve its goals, for in a large sense we will be working with the same population group.

As you know, this project is to be family centered with emphasis on health maintenance programs which, of course, will include programs in nutrition. You have cited studies in your proposal which suggest the need for nutritional support for these children. We will be in a position to provide complete diagnostic services with emphasis on prevention of disease as well as treatment. Those cases that are referred to us will receive in addition to medical and dental services, counseling in sanitation and nutrition for their physical health, and diagnosis and treatment for problems in mental health through the Durham County Mental Health Association.

We will also be in a position to assist with transportation, as we will have available clinical aides with vehicles at their disposal.

Our project envisions a team approach to health care needs with a pediatrician attached to each family care team. We are projecting that these teams will be able to handle the health needs of 12,000 to 15,000 patients when fully staffed. Because of the demonstrated need and the geography of the situation, the possibility appears quite good for us to work to correct the problems of poor health in this target population.

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools

The Lincoln Community Health Center will have significant linkages with the Duke University Medical Center, North Carolina Central University's School of Public Health, the Durham County Health Department, and the University of North Carolina's Health Services Research Center. We feel that through these linkages we will be able to bring the resources of the community to focus on the health and nutritional problems of our community.

We look forward to working with you.

Very truly yours,

C. D. Watts, M.D.
Acting Director

CDW:dwc

DURHAM COUNTY
COMMUNITY MENTAL HEALTH CENTER

DIRECTOR - JOHN G. GIRAGOS, M.D.

300 EAST MAIN STREET
DURHAM, NORTH CAROLINA 27701

TELEPHONE - 688-7114 OR 688-7487

THE DURHAM COUNTY COMMUNITY MENTAL HEALTH CENTER IS IN THE PROCESS OF ASSESSING THE NEEDS OF THE COMMUNITY IN ORDER TO PROVIDE THE NEEDED MENTAL HEALTH SERVICES FOR THIS COMMUNITY. EACH COMMUNITY IS UNIQUE IN ITSELF AND THERE CAN BE NO ONE SET OR RIGID PATTERN OF COMMUNITY MENTAL HEALTH SERVICES UNIVERSALLY ADOPTED.

AT THE PRESENT TIME, THE COMMUNITY MENTAL HEALTH CENTER IS OFFERING CONSULTATION TO GROUPS WHO DIRECTLY PROVIDE CARE TO THE PEOPLE IN THIS COMMUNITY. THESE GROUPS ARE: 1.) THE DEPARTMENT OF WELFARE, 2.) PUBLIC HEALTH DEPARTMENT (NURSING DIVISION), 3.) VOCATIONAL REHABILITATION COUNSELORS, AND 4.) SALVATION ARMY HOME AND HOSPITAL. CONTACTS ARE BEING MADE WITH THE VARIOUS CHURCHES TO ASSERTAIN THE NEED AND THE EXISTING COUNSELING WHICH IS BEING PROVIDED TO THE PEOPLE IN THE COMMUNITY BY MINISTERS. RELEVANT RESEARCH IS BEING CARRIED ON TO BETTER ENABLE THE CENTER PLAN NEEDED MENTAL HEALTH SERVICES FOR THE PEOPLE IN OUR COMMUNITY.

IN THE AREA OF DIRECT SERVICE, A PSYCHIATRIC CONSULTANT IS AVAILABLE TO TAKE CARE OF DISCHARGED CHERRY HOSPITAL PATIENTS. THIS CLINIC MEETS MONDAY MORNING IN THE CENTER FROM 11:00 - 12:00. A MENTAL HEALTH NURSE AND A PSYCHIATRIST ARE AVAILABLE AT THIS TIME.

CURRENTLY, THE STAFF INCLUDES THE FOLLOWING:

1 PSYCHIATRIST (FULL-TIME)
2 PSYCHIATRISTS (PART-TIME)
1 PSYCHOLOGIST (PART-TIME)
1 SOCIOLOGIST (PART-TIME)
1 PSYCHIATRIC NURSE (FULL-TIME)
2 SOCIAL WORK CONSULTANTS (PART-TIME)
2 MINISTERS (PART-TIME)
2 SECRETARIES (FULL-TIME)

A STAFF MEMBER IS AVAILABLE IN THE CENTER FOR CONSULTATION ABOUT PARTICULAR CASES AND FOR INFORMATION ON REFERRALS AT ALL TIMES FROM 8:30 - 5:00.

THE DURHAM COUNTY COMMUNITY MENTAL HEALTH CENTER WAS FOUNDED TO SERVE THE TOTAL POPULATION OF THE COUNTY. NO FEE FOR SERVICES HAS BEEN ESTABLISHED AT THIS TIME AND THE FINANCIAL SUPPORT FOR THE OPERATION OF THE CENTER IS THROUGH A BUDGET APPROVED BY THE DURHAM COUNTY COMMISSIONERS.

MENTAL HEALTH COMPONENT -- F. O. O. D.

A. First Line - Mental Health participation in the school based team.

Most Mental Health Clinic functions can be carried out by Mental Health workers on the school-based team. These include:

(1). Assessing family and pupil problems via interviewing, testing, and observing.

(2). Arranging school-community-family conference to work out educational and community treatment plans

(3). Some individual therapy, particularly short-term psychotherapy

(4) Arrange referrals to appropriate community resources when indicated.

(5). Working through staff interactional problems which hamper program's effectiveness

These functions can be carried out by the social worker and school counselor (Resource Teacher) on the team. With the passage of time, the other members of the team would learn these skills just as the social worker and counselor would learn about nutrition and physical health issues. Supervision of the mental health workers and should be provided by senior clinicians in clinical psychology, child psychiatry, and educational psychology.

The need to understand and intervene in real-life problems in the school and adjacent community will help to create an ongoing school team and will help to prevent the fragmentation which occurs when decisions about problems are made in agencies distant from the school, or neighborhood.

The principal should be the main administrative authority for the team in the school concerning decisions about pupils. The quality of the decisions will depend on the supervisory back-up provided to the disciplines on the team. The administrative authority for overall program decisions will rest with the Project Director and ultimately Mr. Hannen.

B. Second Line of Mental Health Participation.

Mental Health backup resources are available at the children's and adult psychiatric outpatient clinics at Duke, UNC, John Umstead State Hospital, Durham Child Guidance Clinic and the Durham Community Mental Health Center. Developmental Evaluation Clinic's are available at Duke and UNC. Therapeutic Day Centers and in-patient units are available in the community for Children requiring specialized, intensive care. All of the services are tax-supported and available on a sliding scale fee arrangements, so that no one is refused services because of financial reasons.

The mental health member of the school teams will have functional and administrative ties with many of the above facilities so that two-way communications can be maintained.

The advantage of decisions being made in a school based team is that duplication can be avoided. Each team member assumes specific responsibilities for each situation and can follow up decisions to see that a pupil or family are not lost between agencies or between decision makers who are not in touch with each other. The decision making process can be monitored within the team and could be a valuable part of the project's evaluation.

The active participation of paraprofessionals on the team will help the other team ~~mebers~~ Members keep in touch with the gut-level reality of their work.

Philosophy of the Durham City School Food Service Dept.

Every school system must have a well-defined philosophy to guide policy-making, to shape the curriculum, to define staff relationships, and to indicate what the school is attempting to do.[1] Such a philosophy is equally necessary for a School Food Service department.

The following philosophy is the result of the concerted efforts of the leadership in the school food service department of the Durham City Schools.

We believe that the school lunch program offers nutritional and educational opportunities for the school child as a functional positive experience in his school day. Nutrition is a form of education that can help children learn by doing. A hungry child is a poor prospect for improving his mind.

We believe that an adequate lunch should be made available to all children.

We believe that the establishment of good eating habits in school days will build character resulting in healthier, happier, and more productive adult.

We believe each school lunchroom must continually evaluate its program in the light of pupil needs; that all citizens need to understand the importance of school lunches to child welfare in health and education; that they should be encouraged to evaluate the school food service and to contribute

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[1] Handbook for School Staff, Durham City Schools, Durham, N. C.

to the improvement of those services; that the success of the school lunch program depends upon the cooperative and coordinated efforts of all the staff and the community.

We believe that the school food program should be interrelated with the academic curriculum and with other school and community programs. It offers an unsurpassed opportunity for teaching proper health through proper eating; an analysis of food values as to needs and whether those needs are being supplied in school lunches; and a chance for constant checks on student health.

June 1966

APPLICATION FOR FREE AND REDUCED PRICE LUNCHES APPENDIX C (3)

Instructions: If you are interested in a free or reduced price lunch for your children, complete one form for each child, and return it to the principal's office of the school(s) your children attend.

Name of Child for whom application is made:

Name	School	Grade
_____	_____	_____

Name of parent or Guardian _____

Address _____

Total Number in Family _____ Number of Family living at Home _____

Total Number of Children in Schools and Service Institutions _____

Family Income: Annual _____ Monthly _____ Weekly _____

Principal Source of Income (Employer) _____

Is employment permanent _____ Temporary _____ Seasonal ____

Does your family receive assistance from Food Stamp _____ Commodity Distribution _____ AFDC _____ Other _____

Are there any unusual circumstances or undue hardships in your family, if so please explain these:

_____

_____

_____

I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

_____
Signature of Adult Member of Family

To: PARENT OR GUARDIAN

Your application for a free or reduced price lunch has been:

Approved for _____ free lunches _____ reduced price lunches
(amount)

Name of Child _____

Rejected for the following reason _____

_____

Date _____ _____
Signature of "Authorizing" Official

GOALS FOR NUTRITION EDUCATION

Goals are added as a child's ability develops to understand; therefore more goals are added in higher grades.

MAJOR GOALS OF NUTRITION FOR THE EARLY ELEMENTARY SCHOOL (Kindergarten-Grade 3)

To develop:

1. An understanding that all living things grow and that there are factors that help growth: food, water, sunshine, exercise, rest, etc.
2. An interest in foods that are necessary for normal growth. An understanding that proper foods contribute to vitality, energy, and help to keep us well.
3. Knowledge that these are foods that build the body and make it function.
4. Good food habits such as enjoyment in eating, interest and willingness to try new foods, conserving food, observing cleanliness in relation to food, etc.
5.
6. The habit of sharing with the home the knowledge gained through the study of nutrition.
7. An appreciation that many persons are involved in obtaining food for a community.
8.
9.

MAJOR GOALS OF NUTRITION FOR THE LATER ELEMENTARY SCHOOL (Grades 4-6)

To develop:

1. An understanding that development of a boy or girl depends upon growth and that there are many factors, including food, which aid growth.
2. An interest in promoting better growth, health, and happiness through good nutrition and through preventing disease.
3. A knowledge that the basic food groups supply the essential nutrients needed every day.
4. Good food habits and desirable attitudes towards food, leading towards the construction of a sound food pattern for the child, one in which he is consciously and knowingly beginning to participate.
5.
6. A broadened cooperation between the school and the home in relation to the nutrition education program.
7. A knowledge that there is interdependence of regions (foreign and domestic) for food supplies, and that various factors affect these supplies.
8.
9. An understanding that the food patterns of children of other countries may vary from those in the United States, yet the diets of these children may be adequate. An elementary evaluation of those foods in terms of food nutrients.

SPECIFIC GOALS
(Kindergarten-Grade 3)

To develop:

1. Understanding that humans, animals, and plants are all living things and require similar needs for growth.

2. Knowledge that there are different food groups. Example: vegetables and the varieties available in the community, fruits, cereals, etc. Knowledge that many of these foods are basic foods essential to growth and health.

SPECIFIC GOALS
(Grades 4-6)

To develop:

1. A rudimentary knowledge concerning the food nutrients and their classification. Realization that our bodies require specific foods for the purpose of obtaining energy, growth and repair, and regulation.

Food Nutrient Groups: Sources

Carbohydrates--Breads, cereals, potatoes, vegetables, fruits, sugars
Proteins--Meat, fish, eggs, nuts, dried peas, and beans
Fats--Butter, fortified oleomargarine, cream, oils
Minerals--
- Calcium--Milk, cheese
- Iron--Egg yolk, meats, whole grain breads and cereals, green vegetables, apricots, prunes, molasses

Vitamins--
- Vitamin A--Green and yellow vegetables, dairy products, egg yolk, liver
- Thiamine--Cereal grains, pork, milk, meats, legumes
- Riboflavin--Milk, eggs, meat, green leafy vegetables
- Niacin--Meat, cereals, peanut butter, potatoes
- Ascorbic Acid--Citrus fruits, tomatoes, raw cabbage, melons, potatoes
- Vitamin D--Fish liver oils, ultra violet rays of sun, vitamin D milk

2. A knowledge that there are basic food groups which are sources of these nutrients and that it is important to include some foods from each of these groups every day in the diet.

Basic Food Groups:

Milk--3 to 4 cups for children daily, 2 or more cups for adults daily.
Vegetables--2 or more servings daily, plus potato and 1 green or yellow vegetable
Fruits--2 or more servings daily, 1 to be citrus or equivalent
Meat, cheese, fish, eggs, legumes--2 or more servings daily
Cereals and breads--preferably whole grain or enriched
Butter or fortified oleomargarine--2 or more tablespoons daily

3. Understanding that milk is essential for the growth and development of boys and girls (1½ pints to 1 quart needed daily).	3. Understanding that milk contains most nutrients needed for the growth and development of boys and girls.
4. Understanding that it is important to include vegetables in the diet. Development of a favorable attitude toward eating many vegetables, raw and cooked. Knowledge that green and yellow vegetables are particularly good for everyone.	4. Knowledge that it is important to eat vegetables every day and the fact that dark green and yellow vegetables are especially needed in the diet.
5. Realization that certain fruits, such as citrus, strawberries, and melons, and raw vegetables such as tomatoes, cabbage, and mixed salad greens, are especially important and that one of them should be eaten every day.	5. Knowledge that certain fruits and vegetables such as citrus fruits, strawberries, melons, cabbage, and tomatoes, are especially important to health in that they contain ascorbic acid or vitamin C. One of these foods should be eaten daily.
6. Understanding that whole grain cereals and breads are excellent foods for growth.	6. Knowledge that the whole grain cereals and breads are more important for growth than the refined cereals and breads.
7. Understanding that it is important to eat a variety of foods.	7. A liking for all foods or at least a willingness to try to eat a small amount of each one served.
8. Understanding that our teeth and bones grow and require food like the rest of our body does.	8. Understanding that our teeth remain more healthy if we eat the basic food groups or the required nutrients.

9.	Realization that "sweets" should be eaten with reservation and preferably only after meals.	9. Appreciation of the fact that "sweets" cannot take the place of any one of the basic food groups, but that they may be eaten after we make sure that these essential foods are eaten.
10.	Understanding that it is important to eat a good morning meal, a good noon meal, and a good evening meal.	10. Ability in a child to begin to choose suitable meals for himself and to have regular habits of eating.
11.	Understanding that a glass of milk, a sandwich, or fruit is good to eat when a boy or girl gets hungry between meals.	11. Understanding that it is better to drink a glass of milk or eat some fruit when a boy or girl is hungry between meals, than it is to eat "sweets." In this way he is more likely to contribute to his daily food requirements.
12.	Appreciation for pleasant surroundings during meals.	12. Appreciation for pleasant family associations during meal times.
13.		13.
14.		14.
15.	Understanding that a person should wash his hands before preparing, serving, or eating food.	15. Knowledge that cleanliness is very important in the preparation, handling, and eating of food.
16.	Knowledge that certain foods such as milk, meat, and many vegetables and fruits are safer to use when kept refrigerated.	16. Knowledge of rudimentary facts concerning the proper care of foods, their pasteurization, refrigeration, storage, and preservation.
17.		17. A growing realization that there are many ways to prepare and serve foods to increase their palatability and attractiveness.
18.	Knowledge that a "clean plate" is helping food conservation. A desire to cooperate by not taking more food at a serving than can be eaten.	18. Knowledge that wasted food means less food for other people, that "wasted food" is "wasted money."
19.		19. Some understanding that food is changed within the body to make it available for use by the body.
20.		20.

21.
22. Understanding that food is important in contributing to health and in preventing illness.

23. Appreciation for the work that mother does in the home in preparing wholesome meals.

24.

25.

26.

27.

28.

29.

30.

31. Understanding and appreciation that food comes from many sources and through various agencies before being available to us in the stores.

Ref. Goals For Nutrition Education for Elementary and Secondary Schools, Department of Nutrition, Harvard School of Public Health. Distributed by Nutrition Foundation, Inc., 99 Park Ave. New York 16, New York

22. Knowledge that food plays a very important part in the maintenance of health and in the recovery from illness.

23. Appreciation for the careful planning that is essential for obtaining balanced meals in the home, in the school lunchroom, and in public eating places.

24.

25. Knowledge that cost is not a criterion of the nutritive value of a food.

26.

27. Knowledge that the source of all of our food is plants.

28. Knowledge that plants obtain their nutrients from the soil, that man may aid the nutrient content of soil by adding fertilizers and by his care of the soil.

29.

30. Realization that food patterns vary within a community and that people may meet the requirements of the basic food groups in different ways.

31. Realization that foods and food habits differ in various parts of the world and that many countries contribute to the food markets of America.

32.

33.

34.

35.

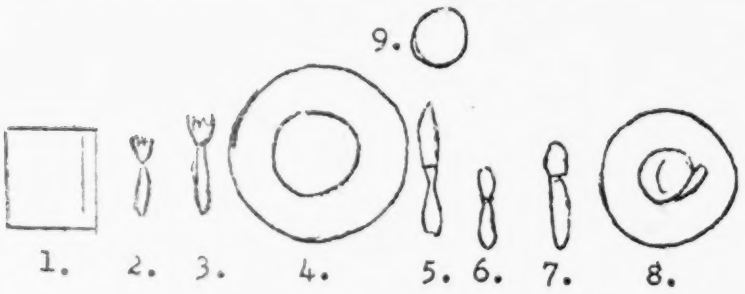
Adopted at a principals meeting on February 3, 1965

APPENDIX 2 (2)

SCHOOL YEAR 1963-64

WHAT YOU SHOULD KNOW ABOUT MEALTIME ETIQUETTE FOR FOURTH, FIFTH AND SIXTH GRADES

If the table is correctly set, you should have no difficulty in choosing the correct implement; begin on the outside and work in. Therefore, when you are setting the table, put the fork or the spoon that is to be used last nearest the plate. Twenty-four inches is usually considered sufficient elbow room for each individual cover. This drawing shows the correct location of each utensil at an informal dinner.



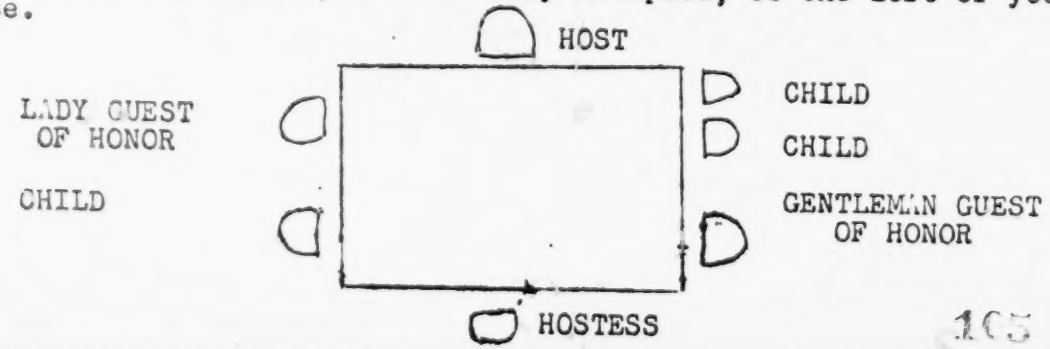
1. Napkin
2. Salad Fork
3. Fork
4. Plate
5. Knife
6. Teaspoon
7. Soup Spoon
8. Cup and Saucer
9. Glass or Milk Carton

BEING SEATED

In entering the dining room, guests should be allowed to go first. Men and boys should stand aside to permit women to pass before them unless they are entering as partners.

If place cards are not used, the hostess should indicate where each guest is to sit. If she doesn't, the guests take the most convenient place. It is customary for a woman guest of honor to be seated at the right of the host and a man guest of honor to be seated at the right of the hostess. In seating the other guests, congeniality is the main point to be considered. Stand by your chair until the hostess is seated, and seat yourself from the left of your chair. A man draws back the chair for the lady at his right, pushes it forward for her, then seats himself.

Take your napkin, as soon as the hostess indicates this move, and lay it across your lap. It isn't necessary to unfold a large dinner napkin all the way unless you anticipate spilling your plate in your lap. In using your napkin, touch it lightly to your lips --don't scrub. If you are staying for another meal, you may fold your napkin if members of the family fold theirs. Otherwise, leave it partly folded, not untidily crumpled, to the left of your plate.



At small dinners, wait until the hostess begins before starting out on your own. At large affairs where there is no hostess but a toastmaster and a program, you need wait only until the persons beside you are served, but watch the speakers' table to see if the dinners there have begun.

The "serve the hostess first" custom of a few years ago appears to be going into a decline. Today most discriminating people consider this custom without logical foundation as well as selfish and discourteous. More and more, it is becoming customary for guests to be given their plates first, beginning with the guest of honor.

The best place for your hands is in your lap. Don't toy with silver or nibble too often on the salted nuts. Nervous habits always mark you as inexperienced. Sit erect, with your feet on the floor, not on the furniture.

Contributing your share to pleasant conversation is a part of your obligation as a guest. Restrain yourself if you feel tempted to talk about personal matters that probably will not interest the others. Subjects to be avoided at the table are illness, operations, dental work, insects, accidents, or anything disagreeable.

When the meal has been finished, rise when the hostess indicates that this is the thing to do. If a man has seated the woman at his right, he should draw her chair back as she rises. Do not stack dishes in front of you. When leaving the dining room, men and boys should let the women precede them.

The knife and fork should never be held vertically as if they were weapons. When they are used together, the positions are quite similar. The handles rest in the palms. Bending the wrists allows the elbows to be kept close to the body instead of nudging your neighbor. Transfer the fork to the right hand after cutting a bite and carry the food to the mouth with the prongs up.

When they are not in use, lay the knife and fork on the right outer rim of the plate, not gangplank fashion, half on the table and half on the plate. Whenever possible, use a fork in preference to any other piece of silver. Use the knife only for foods that cannot be cut with a fork, and the spoon only for foods too soft to be eaten with a fork. Don't hold a filled fork in mid-air while talking, and don't point it at people to emphasize your remarks.

Spoons are used for tea, coffee, cooked fruits, cereals, melon, grapefood, desserts, soup and diced fruits in cocktail glasses, but rarely for vegetables. Of course, if you are served stewed tomatoes, one look will convince you that you can make better progress with a spoon than with a fork. In your own home, you can avoid a similar situation by remembering that etiquette rules frown on the serving of vegetables in small "side dishes". Individual casseroles or ramekins are an exception.

Don't take a generous dab of ice cream or any other food on your spoon and consume it in installments, all-day sucker method. Take small bites and all of each bite at a time. Never stir your coffee or tea vigorously, or scrape the bottom of your cup with your spoon. You use a spoon to mix sugar in coffee or tea; once around is enough.

Etiquette gives way to primitive instinct sufficiently to allow you to use your fingers for nuts, olives, radishes, celery, bread rolls, doughnuts, cookies, candy, and small pieces of hard cheese. Use a knife and fork as far as you can on chicken and chops. For most other food, use silver instead of fingers.

You may use your thumb and forefinger to remove such things as fish bones and olive seeds from your mouth. Put them on your plate, not on your saucer or on the tablecloth.

HINTS AND HELPS

Correct table manners seem to be based upon the idea that no one is ravenously hungry. Assume the attitude of being accustomed to three square meals a day, hence a polite and leisurely indifference to food. Let your hands rest occasionally in your lap.

Eat your soup slowly and quietly from the sides of your spoon. Don't meet the plate half way when taking a sip. Remember that this is one food to be pursued, not coaxed. In other words, dip the spoon forward, away from you. Return your soup spoon to your soup plate when you are not using it.

Never butter a whole slice of bread at once. Break off and butter one rather small piece at a time.

Chew with your lips closed! Never try to drink water with food in your mouth.

Before you begin to eat, help pass the dishes at the table to see that everyone present is served.

Decline food with a simple "No, thank you." It isn't necessary to give a reason. Omit the details involved in excuses that go something like this: "I like it but it doesn't like me." "It hurts my teeth"; "It makes me fat"; or "My doctor forbids it." If a hostess serves seconds against your polite but firm "no", you are privileged to leave the food untouched.

If you are served a strange concoction which you've never encountered before, slyly cast a detective eye on your hostess or those nearest you and do as they do.

There are many homes in which grace is said before meals. If you are a guest, stop talking and remain quiet while your host conducts the ceremony.

Use discretion about discussing the food. Usually it is assumed that the food is good, so comments to that effect are unnecessary.

At formal affairs, the food is never mentioned. However, in a small group, if you know your hostess well and really mean what you say, a remark such as "What delicious rolls!" is in order. Never discuss your pet dislikes as to food. They're sure to turn up in the next course.

A beggar thanks the lady of the house for the food she gives him. Don't put yourself in his class by saying to your hostess in farewell, "Thank you for the delicious dinner." It s better to say, "I've had a delightful evening. It has been a pleasure to be here."

If finger bowls are used, dip the finger tips on one hand, then wipe them on your napkin, being careful not to flourish it above the table. Never dip a corner of your napkin into a finger bowl and rub your lips.

It is proper to eat all of any food served you, but don't "lick the platter clean." After the meal is finished, don't push your plate away with an air of finality. If you must leave before the others have finished, ask to be excused before you leave the table.

EMBARRASSING MOMENTS

When confronted with a battle array of silver, keep your eye on your hostess, (but not too obviously) and follow suit. It you happen to be hostess, be prepared!

When you spill water on the tablecloth, apologize sincerely but briefly. More than one apology merely serves to draw attention.

When you drop food on the floor, leave it there. If dropped on the table, you may slyly remove it to your own plate.

When you loathe green food and are urged to partake freely of the spinach, do your best. Try to eat a small quantity. Make a noble effort to eat any new, unfamiliar food that is served you. Only the young or narrow-minded and inexperienced humor themselves in food prejudices.

THINGS TO AVOID

Never do anything to emphasixe the fact that you are eating.
Never lift a jaunty little finger when drinking from a cup.
Never sniff suspiciously at unfamiliar foods.
Never lick your spoon or fork.
Never say, "I'm full," or "I can't eat again for a week," or other inane vulgarities.
Never sprawl your legs out far enough under the table to enroach upon the territory of others.
Never chase a few peas or bread crumbs around your plate as an idle accompaniment to your conversation.
Never gulp water. Sip from the glass quietly between bites.
Never carry off souvenirs from the table. You are entitled to the favors and your place card if it is the kind that can't

be used again. Unless your hostess suggests taking the nut cups, you'd better leave them for her next party.
Never scoop out a baked potato and churn the contents back and forth with your fork. Eat it from the skin after breaking an opening with your fork. You may go even further and eat the skin if you can handle it deftly.
Never let your plate look messy. See that each separate food keeps a neat distance from its neighbor.
Never help yourself too generously, or study a dish before deciding upon the choicest bit.
Never continue after the others have stopped eating.
Never say, "I don't like" about food that is offered you.
Never talk or drink with food in your mouth.
Never find fault with the food.
Never scratch your head.
Never load your fork or spoon too heavily.
Never send your crackers or bread to a watery grave in your soup.
Never tip back in your chair.
Never be careless of your personal appearance.
Never yawn or stretch or be slouchy in your posture at the table.
Never monopolize the conversation or sit in gloomy silence.
Never reach across the table or in front of anyone.
Never take bites too large to control easily.
Never serve yourself with your own silver.
Never fuss with your appearance.
Never blow your food to cool it.
Never discuss diets, digestion, or the cost of food.
Never cut up all your food before beginning to eat, cut one bite at a time!
Never put your fingers in your mouth.
Never appear greedy at any time.
Never pick your teeth. Toothpicks, like toothbrushes, should never be used in the presence of others.
Never eat and run, or stay until your hostess is on the verge of exhaustion.
Never criticize the table manners of those of another nationality or generation. Customs vary with time and place.

THINGS TO DO

Always return a dinner engagement by a similar invitation.
Always use your napkin before taking a drink of water. This is a wise precaution even if you think your lips aren't greasy.
Always take your time but try to keep pace with the others.
Always dine rather than eat.
Always keep hands, arms, and elbows off the table.
Always be prompt at all meals.
Always remove your spoon from a cup or tall dish.
Always sit down and get up from the left side of your chair.
Always eat from the side of your spoon.
Always try to eat whatever is served you.
Always answer definitely when asked to state your preference. It is a real help to the one serving you.
Always eat leisurely and comfortable, not as if you were anxious about what to do next.

Always remember that food should be seen and not heard.
Always practice your table manners at home. Company manners never work!

Fayetteville Strut School
Durham, North Car.
May 29, 1964

Dear Mrs. Selph,

I think the formal dinner was a wonderful experience for sixth grade boys and girls because it gave us a chance to practice our table manners. It was just like a real formal because we had a well planned meal, waiters and waitresses.

I enjoyed this dinner because everyone practiced good etiquette, such as how to use the knife and fork, and never to talk with a full mouth. This was a very profitable experience.

Sincerely yours,
Denise Reaves

APPENDIX C (16)

THE DURHAM SUN

TION B DURHAM, N. C., WEDNESDAY AFTERNOON, APRIL 5, 1967 WDNC RAD

Of Both Parents, Teachers In Schools In City System—

Luncheon Project Seeks To Increase Involvement

Durham city school lunchrooms and Parent-Teacher Associations are about to launch a broad project designed to stimulate greater parent and teacher involvement in the school lunch program.

Aims of the project include establishment of PTA lunchroom committees in each school, presentation of programs on lunchroom operations at PTA meetings and promotion of lunchrooms through bulletin board displays.

Plans also call for the PTAs to arrange for a special "PTA meeting supper" each year which would provide parents of school children an opportunity to eat a typical school lunch in the cafeteria.

In addition, mothers of school children might be invited to eat in the lunchrooms with their children's classes on certain days each week, and they might be asked to serve as lunchroom "hostesses" from time to time.

The tentative outline for the project was set forth yesterday during a discussion session by about 75 PTA members, lunch room employes, and school principals.

Mrs. Annabelle Selph, director of city school lunchrooms, explained that the over-all project is geared toward increasing the community's awareness of the strains and stresses under which the school food service program operates.

It is also an attempt to establish lines of communication between the lunchrooms and the parents of school children, as well as between the lunchrooms and teachers.

"We began to realize the need for better community relations and communication when we had the strike," Mrs. Selph said. She was referring to a strike by cafeteria employes, which occurred during the fall of 1965.

The need for better communications was also pointed up by a systemwide lunchroom evaluation which was recently conducted by school officials, she added.

In preparation for the move toward better community relations, Mrs. Selph and "the leadership" of the school system's food service department formulated a "philosophy" of operation, which outlines the lunchroom program's purposes.

It says the program "offers nutritional and educational opportunities for the school child as a functional positive experience in his school day. Nutrition is a form of education that can help children learn by doing."

An "adequate lunch" should be made available to all school children, it continues, because "a hungry child is a poor prospect for improving his mind."

The program will also help establish in the children good eating habits which will make them "healthier, happier and more productive adults."

It offers a great opportunity for teaching proper health through proper eating and through analysis of food values and, therefore, should be "interrelated with the academic curriculum and with other school and community programs," according to the philosophy.

Concerning the program's relationship to the community, it says, "The success of the school lunch program depends upon the cooperative and coordinated efforts of all the staff and the community."

It adds that "all citizens need to understand the importance of school lunches to child welfare in health and education."

NUTRITION COMPONENT

An abundance of food is not enough to guarantee that a child will be well nourished, even if the food supply is plentiful and varied. The basis concepts of nutrition are:

1. Nutrition is the food you eat and how the body uses it.

2. Food is made up of the different nutrients needed for growth and health. No food by itself has all the nutrients needed for full growth and health.

3. The amounts of nutrients needed are influenced by age, sex, size, activity and state of health through out life.

4. The way food is handled influences the amounts of nutrients in food, its safety, appearance and taste.

Nutrition education for children, especially those in the low-income groups, has not had the impact necessary to improve community health status. Negative attitudes, about certain foods, such as vegatables, have been created by family cultural patterns and lack of economic resources. In this project, we will attempt to ascertain the influences that affect individual eating habits.

Attitudes of children, their parents and teachers, have not heretofore been considered to the extent desirable in planning nutrition programs. We have already involved these groups from the beginning of this demonstration project in such a way that they have committed themselves to cooperate in every way possible so that the good of this project will be perpetuated. Though this involvement we will be able to discover the attitude of the child and his parents toward food preparation and the kind of food consumed, in an effort to determine the relationship to the child's physical and mental health. Every individual has nutritional needs in addition to the basic need for satisfying hunger and providing the chemical elements of which his body is composed. It is well documented that the psychological factors in an individuals body determines the amounts and kinds of food one eats and how well the body utilizes food for its own nourishment. Food is directly related to emotions. Food symbolizes joy, sorrow, comfort, fear or conflict.

We will implement the following in this project:

1. Observation in the lunchroom by nutritionists and other members of the health team (professionals and paraprofessionals) will detect deterrents to success in accomplishing acceptance of the foods served.

2. Teachers and parents feelings toward food will be explored, especially those foods served in the lunchroom, in an effort to determine whether of not there is a relationship to children's eating patterns.

3. A nutritionist, a home economist, a psychiatric social worker, a nurse and a health educator will study food intake of a selected group of children in the lunchroom. This group will be assisted by a group of other professionals who are interested in this project and have volunteered their services. With the help of a physician they will review such physical findings as growth rate, blood studies, wrist x-rays and school health records to determine whether a relationship exists.

It is planned to repeat the exact menu every twenty-one days. During this time the selected group of children will be taught the nutritional value of these foods. Therefore, when the menu is repeated, we should be able to detect an observable difference in attitude and consumption. The menus will be made available to teachers and project personnel well in advance of the time the food is to be served, so that nutrition education will be integrated with the total school feeding program and related health curricula. The use of sycle menus covering a wide variety of foods will enable the health team to relate the food intake in the same manner to all twenty-one menus.

Nutritional status is an essential aspect of one's health that implies not only freedom from disease, but also physical, mental and emotional fitness also. This nutritional status of the individual should show marked and continued improvement during the project if nutrition has truly been integrated into the curriculum.

So often there is nourishing food in a home, but some breakdown occurs which prevents the food from nourishing the body. As a result one suffers not only from a poor nutritional status but from a poor physical and mental condition also.

The tests will be used to assess the Nutritional Status of the children. They will be performed by The Community Health Center.

A. Physical Assessment

1) Modified Wetzel Grid Auxodrome

2) Lang Skinfold Caliper reading

3) Circumference, arm, bone

B. Biochemical Assessment (laboratory)

Hematocrit

Alkaline Phosphotase

Serum Vitamin A

Serum Vitamin B & C ?

This study is focused on nutrition education in an effort to:

1. increase the number of foods identified
2. increase the variety of foods eaten
3. improve food habits
4. change food attitudes
5. develop curriculum guides for nutrition education experiences from kindergarten thru grade 6.

The general goals and specific goals that have been developed in road map form. They were adopted by our principals in 1965 will be used in developing this curriculum guide. After training in how to teach nutrition education, the teachers will be able to develop learning experiences that will be meaningful to the children in the project schools. The North Carolina Central University in Durham is now in the process of setting up a course in Nutrition Education for these teachers in the project schools. This course will also be available to teachers in other schools of this area. See appendix

Parent Involvement in Implementing Nutrition Education

1. The involvement of parents in the early stages of this Demonstration Project has already been started and will continue throughout this project.

2. In this "planned change" the parents will become the change agents and at the same time recipients of the benefits of the change as they learn economical ways to guarantee proper diet for their children that will start them on a life time of physical well-being.

3. We will have planned cook andtaste demonstrations put on by our staff, and other professionals from various food agencies.

Parents will be involved also in other ways as follows:

(a) Tips for men cooks.

(b) Exchange of receipes and tips on cooking.

(c) Special helps for overweight and underweight groups.

(d) Planned meetings for women who are pregnant to consider their dietary health needs.

(e) Food Fairs put on by teachers using the classroom students to create life related situations for their parents.

(f) Family picnics

(g) Buffet Meals for the family

Innovative Ways to Involve Children in Teaching Nutrition

The local Board of Education will furnish the facilities (kitchen) for developing ways to aid these children in relating food to their study of ecology. Therefore, we will use the many resources available in this state including the professional home economists and others representing the local sources of food supply. See appendix.

Some foods are not preferred foods, such as soybeans, peas, cabbage, et cetera. However, they are such good sources of food elements that we will spare no efforts in helping these children to really know these foods and let them even help to prepare them. In this way we believe they will develop a positive attitude and more resourcefulness in the use of nutritious foods so vital for growth and optimal development.

Durham is very fortunate in having a large variety of foods grown locally (chickens, turkeys, dairy products, soybeans, dried beans and peas, yams, cabbage, turnips and turnip greens and a variety of fruits). Some of these foods are not eaten by either the children or their parents.

This is an example of how we plan to work with the locally produced foods.

Soybeans - Study the food value, the source, how and when its grown and how it relates to the economy of the Community and State.

- Show the whole Soybean plant.

- Prepare several dishes using soybeans (cooked like Limas in the form of soyburgers and shishkabobs; used as meal in cookies and bread).

Some of these demonstrations will be carried out by the food service staff, some by the teachers, others by the children under supervision. Since our greatest resource is our children, it is important that a program like this contribute to their best growth and development.

Teacher Involvement in Nutrition Education

Our teachers have already made individual studies of nutritional needs at present, have made some recommendations, and have pledged themselves to complete cooperative and coordinated efforts in carrying out this Project. They are already very much involved.

They will be involved further in the special courses provided for them at North Carolina Central University (mentioned before).

The teachers believe that Nutrition Education should be inter-related with the academic curriculum and with other school and community programs. They also believe it offers an unsurpassed opportunity for teaching proper health through proper eating.

Not only is this Planned Project supported by our teachers, the School Board, the P.T.A., principals of the schools, administrative staff and other supportive organizations have pledged their support and energies to the Project.

How can we fail with so much enthusiasm and "in-put" from the grass - roots up?

INSTITUTE OF NUTRITION

UNIVERSITY OF NORTH CAROLINA

February 2, 1971

Mrs. Annabelle D. Selph
Director, Food Services Department
Durham City Schools
Durham, North Carolina

Dear Mrs. Selph:

I have examined your "Preliminary Proposal for a Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families". I congratulate you on the success of your proposal and I wish you would consider that the Institute of Nutrition of the University of North Carolina is a resource that is available to you. As I said to you over the telephone, the Institute of Nutrition is multi-disciplinary and has two hundred and twenty-seven faculty members from many departments on three campuses of the University of North Carolina. I am enclosing a roster of the Institute membership for your use.

I hope you will continue to keep me informed of the progress of your interesting project.

Faithfully yours,

Howard A. Schneider, Ph.D.
Director

HAS/pg

enclosure

OFFICE OF THE DIRECTOR • CHAPEL HILL, N. C. 27514 • 919/966-1094

Duke University Medical Center
DURHAM, NORTH CAROLINA

February 16, 1971

DEPARTMENT OF DIETETICS

POSTAL CODE 27704
TELEPHONE [illegible]

Mrs. Annabelle Selph
Director, School Lunch
Durham City Schools
Fuller School Building
Durham, North Carolina

Dear Mrs. Selph:

Dietetic Interns at Duke University Medical Center could contribute to the interdisciplinary health program, Focus On Optimal Development, in target schools in Durham, North Carolina, and at the same time enhance their learning experiences in delivery of nutritional care.

Each of 12 dietetic interns (our present quota) could provide, under the supervision of the internship director and the project coordinator, a minimum of one 40-hour week. Additional time would depend on the demands of the program, the individual interests of the intern and his willingness to contribute voluntarily to the study.

The dietetic interns (under supervision) could serve as part of the health team and/or as part of the school team. They should be able to interpret information available from school health statistics, elicit and interpret nutritional information from students, parents, and teachers. They could participate in a teaching or counseling program for parents and for the paraprofessionals.

During the year long dietetic internship emphasis is placed on nutritional care of patients. Nutrition is considered an important component of health, the health aspects of food are taught as well as the therapeutic. Counseling involves families as well as the patient himself and includes patients in their homes and extended care facilities as well as those who are hospitalized. Every attempt is made to promote interdisciplinary care, to have the dietetic interns function as an active member of the interdisciplinary health team.

At present we are trying to enhance the interns' community nutrition experience, since health aspects must involve the family, and nutrition counseling can be effective only if social and emotional components of the illness are understood. To date nutrition education has been less effective than it might have been because of a lack of interdisciplinary research on the subject of food needs (not to be confused with need for nutrients).

Nutrition is a multidisciplinary science. A study of the food needs of children and their families (physiological, social, psychological) by a group of specialists representing these disciplines and working as a team should provide information useful to all who are anxious to improve the nutritional status of our citizens. We need to acquire a knowledge of - and develop skill in - the "how to" effect a change in cultural food patterns if such seems necessary. School personnel and family are the key participants in implementation of any such program.

Money value of services of interns determined at the rate of a teacher's minimum salary would be $1920. Transportation and lunch expenses would be $150 additional.

Sincerely,

Helen McLachlan

Helen McLachlan, R.D.
Associate Professor of Dietetics
Dietetic Internship Director

HM:mj

APPENDIX J (4)

AMES A. GRAHAM,
COMMISSIONER OF AGRICULTURE

JOHN L. REITZEL,
ASSISTANT COMMISSIONER

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NORTH CAROLINA
DEPARTMENT OF AGRICULTURE
RALEIGH, N. C. 27611

February 22, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
P. O. Box 2246
Durham, North Carolina 27702

Dear Mrs. Selph:

With much interest and concern, your plans for "A Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families" have been read and studied. In the Department of Agriculture, we are anxious for all North Carolina citizens to be well fed. We produce many excellent foods in our state. If these foods are properly marketed and used, they can add greatly to the health and welfare of our citizens.

We recognize that economics, lack of information, and indifference are a few of the problems to be faced in improving health and nutrition. We are aware of the great needs in underprivileged areas and share your concern. Your plans to emphasize school child feeding programs and classroom instruction, plus work with adults are very essential. We commend your program and trust you will be successful in receiving funds to proceed.

You may be assured of our cooperation within the framework of our responsibilities in the Markets Division, Market Expansion and Promotion Section of the N. C. Department of Agriculture. We offer our services in furnishing resource information on N. C. foods, planning field trips to food industries, location sources of food supplies, making contacts with food commodity representatives, or rendering assistance when possible in line with our duties.

BUILD NORTH CAROLINA BY USING NORTH CAROLINA PRODUCTS

Though I can not speak for the entire membership of the North Carolina Council on Food and Nutrition, as current president of this organization I would like to go on record personally as endorsing the demonstration project proposed for Durham. The Council has concerned itself with follow-up work on the White House Conference on Nutrition. I believe I can say if time permitted the project to be submitted to the Executive Board they would agree that our support would be given wholeheartedly.

Best wishes for success.

Sincerely yours,

DIVISION OF MARKETS

(Miss) E. York Kiker
Marketing Specialist

EYK:kw

THE DAIRY COUNCIL

Affiliated with the National Dairy Council

816 BROAD STREET - TELEPHONE 286-4009 P. O. BOX 2851, WEST DURHAM STATION

Margie F. Gilbert, *Executive Director* *Durham, North Carolina 27705*

February 23, 1971

Mrs. Annabelle D. Selph, Director
School Food Service Department
Durham City Schools
East Chapel Hill & Cleveland Sts.
Durham, N. C. 27702

Dear Mrs. Selph,

The Dairy Council is very much interested in the demonstration project "FOOD" you are planning for two Durham City Schools.

My services are available to work with you and the other persons who may be involved. Also the Dairy Council has films, filmstrips, leaflets, booklets, posters etc. on Nutrition and Health that will be available.

Please let me know when we may be of assistance.

Sincerely,

The Dairy Council

Margie F. Gilbert

Margie F. Gilbert
Executive Director

MFG/am

AGRICULTURAL EXTENSION SERVICE
NORTH CAROLINA STATE UNIVERSITY AT RALEIGH
SCHOOL OF AGRICULTURE AND LIFE SCIENCES

AGRICULTURAL EXTENSION SERVICE
OFFICE OF THE DIRECTOR
ZIP 27607

February 10, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
P. O. Box 2246
Durham, North Carolina 27702

Dear Mrs. Selph:

We have read with interest your application for "A Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low Income Families."

We feel that the funding of this project and subsequent employment of paraprofessionals can further the impact on low income families being made by the program aides in Extension's Expanded Nutrition Program.

Coordination of the two programs will be important to avoid overlapping of nutrition services for the same families. We think it desirable to have only one agency sending aides into a home, and we will be glad to cooperate by respecting the area limitations imposed by your proposal.

We have established criteria for recruiting and training of aides. We have defined the scope of their activities. We will be glad to share this information with you.

Sincerely,

George Hyatt Jr.

George Hyatt, Jr.
Director

GH:et

JACOB KOOMEN, M.D., M.P.H.
STATE HEALTH DIRECTOR
AND SECRETARY TREASURER

W. BURNS JONES, JR., M.D., M.P.H.
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Mount Airy

Jesse H. Meredith, M.D.
Winston-Salem

NORTH CAROLINA

STATE BOARD OF HEALTH

P. O. BOX 2091
RALEIGH, NORTH CAROLINA 27602

February 3, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Post Office Box 2246
Durham, North Carolina 22702

Dear Mrs. Selph:

The Nutrition Section of the North Carolina State Board of Health will be glad to support your application for "A Demonstration Project for coordinating School and Community Health and Nutrition Services for Children from Low Income Families."

Mrs. Virginia Sargent, regional nutrition consultant, will be available for planning and participation in preservice and inservice education programs for the project staff. Through her ongoing community nutrition consultation, she will communicate between the project and the Durham County Health Department. Through her work with the Durham County Council, she is in communication with the Durham Department of Social Services, County Home Economics Extension Service and Operation Breakthrough. As programs develop she may be able to plan for participation in programs by two groups of students: Dietetic Interns, Duke University Medical Center and Graduate Nutrition Students, School of Public Health, University of North Carolina.

Mrs. Sargent is looking forward to working with you on a continuing basis.

Sincerely,

Elizabeth W. Jukes
Chief
Nutrition Section

EWJ/gb

NORTH CAROLINA EGG MARKETING ASSOCIATION

February 8, 1971

Mrs. Annabelle Selph
Durham City Schools
Durham, N. C.

Dear Mrs. Selph:

As stated at the Executive Planning Meeting on Friday, February 5th, North Carolina Egg Marketing Association will be pleased to furnish educational and other material needed for your pilot project involved with government grants.

Also, If I may be of assistance in helping to teach one Nutrition Class, in relation to eggs, please do not hesitate to call on me. Please notify me well in advance of your classes if I may be of help.

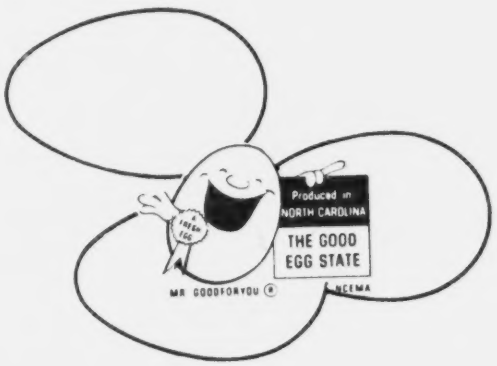
Thank you for your invitation to sit in on your meeting. Best wishes for success in your project.

Sincerely,

NORTH CAROLINA EGG MARKETING ASSOCIATION

(Miss) Linda FitzHugh, Home Economist

LF/vlk



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DIRECTOR

TELEPHONE 919-446-8060
101 S. MAIN STREET - P. O. BOX 409 - ROCKY MOUNT, N. C. 27801

February 3, 1971

Mrs. Annabelle D. Selth
Director of Food Services
Durham City Schools
Box 2246
Durham, North Carolina 27702

Dear Mrs. Selth:

I have just talked with Miss York Kiker regarding Durham's proposed demonstration project. Regretably I will be unable to attend your meeting on February 5th; however, I am anxious to learn more about your proposal.

From what Miss Kiker said, your proposed Demonstration Project For Coordinating School And Community Health And Nutrition Services For Children From Low Income Families has many possibilities. Please accept my interest and the possibility of my service in the area of using good North Carolina products, peanuts, within the construct of your project.

As you know, peanuts are a high quality, inexpensive meat substitute which can upgrade diets very easily. If there is some way I can assist by providing materials or offering recipes including peanuts on a quantity cooking level, please advise me.

Wishing you success and looking forward to being of assistance in your endeavors, I am

Sincerely yours,

Nancy R. High

Nancy R. High
Director

NRH/cg

Duke University Medical Center
DURHAM, NORTH CAROLINA

DEPARTMENT OF PSYCHIATRY
DIVISION OF CHILD PSYCHIATRY
DURHAM CHILD GUIDANCE CLINIC
TRENT & ELBA STREETS

January 27, 1971

Mrs. Annabelle Selph
Durham City Schools
Fuller School Building
Durham, N. C. 27702

Dear Mrs. Selph:

I am glad to support the Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low-Income Families submitted to the Office of Nutrition and Health Services by the Durham City Schools.

As a child psychiatrist with a deep commitment to programs in our public schools, I can heartily endorse the principle concept of the proposal; namely, that a successful feeding experience, both physiologically and psychologically, is a necessary foundation for a successful learning experience. The child in our classroom must take in nutriment in the form of information from the teacher, digest and assimilate it, then utilize the ensuing energy to master his environment. It is analogous to the child who is taking in food from the mothering one which around age 5 in our community becomes the teacher and her school.

The interaction of food and learning remains particularly strong in our children, black and white, who suffer from the many forms of cultural deprivation in our community. I believe the Durham City Schools have the necessary professional and community resources at this time to make this an exemplary program and to demonstrate that the delivery of good nutrition to the child can be a vehicle for the delivery of many other related skills and resources to the child and his family.

To be more specific, I foresee many ways that nutrition can open doors to the mental health needs of children and families. At a very basic level, nutritional food can open doors to many of our "invisible" poor families and their children who have been unable to use our standard community agencies. The strong emphasis in the project on the use of paraprofessionals as purveyors of services and skills will increase the involvement of our community in the schools using the medium of food. A closer look at a pupil's eating style in the school will help us learn more about his learning, health, interpersonal and family style which will enable the staff and community to intervene in problem areas in appropriate ways, respectful of the pupil's individual styles. This project will help us revitalize our concept of using the cafetria time educationally and perhaps even will involve parents in eating with and so working in the school cafeteria. Above all the project will give us all an opportunity to learn more about the role of nutrition and food in our schools and hopefully could generate new programs in the future.

UNITED FUND

The Durham Child Guidance Clinic will continue to provide low-fee diagnostic, and treatment and consultation services to low-income pupils and families involved in the Project. The fees are scaled so that no one is prevented from using the Clinic's service because of finances. Additional funds are not indicated for these out-patient services.

I recommend that an additional $10,000 be requested in the final proposal to provide on-site school and community consultation services. This amount could provide a part-time position for a child psychiatrist, psychologist and resource teacher (Teams which have been developed in our schools and are now available.) to assist staff personnel in coordinating with one another, with the regular school personnel, with the pupils, their families and their community resources. Such a team could also provide some direct service to the pupils involved and could arrange appropriate community agency involvement when indicated. The teams' work would be school and community based. The team could also provide on-going supervision in the areas of mental health and educational planning with a focus on nutrition and its role in the family and classroom milieu.

Awaiting further developments, I am

Sincerely yours,

Charles R. Keith

Charles R. Keith, M.D.
Project Director
Therapeutic Education Program
Durham City/County Schools
Associate Professor of Psychiatry
Duke University Medical Center

CRK:ppr

County of Durham
Community Mental Health Center
300 EAST MAIN STREET
Durham, North Carolina 27701

JOHN G. GIRAGOS, M.D.
DIRECTOR

TELEPHONE (919) 688-4366

January 25, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Durham, North Carolina 27702

Dear Mrs. Selph,

This is to indicate the Community Mental Health Center's interest in your project and to offer you any of the services that the Mental Health Center provides which potentially could be used in carrying out your Demonstration. The Mental Health Center offers, first, adult Out Patient Services. The Center carries out psychiatric diagnostic evaluations and therapy (psychotherapy and drug therapy). In addition, the Center operates a Day Treatment Center which also provides services to adults needing treatment in a specific therapeutic setting. In these two treatment programs, we will be happy to offer help to the parents of the children involved in your Project. Being a Community Center, we offer services to people regardless of ability to pay. There are other facets of the program which I don't believe would be of immediate concern to you. As for children's services, the Child Guidance Clinic is designated as our Children's Division. I am sure that Child Guidance Clinic will be happy to cooperate with you and offer the services which your important community project will need.

I will be happy to furnish you with details of these adult services.

I would like to express my great delight and enthusiasm for your project and wish you a hearty success.

Sincerely,

John G. Giragos, M.D.

cc: Lew Hannen
William Anderson, M.D.

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

THE SCHOOL OF SOCIAL WORK

February 22, 1971

Mrs. Anna Selph
Durham City School System
Fuller School
Durham, North Carolina

Re: Graduate Students in
Social Work Education

Dear Mrs. Selph:

Mrs. McClinton told me you called inquiring about the possibility of students being placed in your program. I am asking Mrs. Ruth Green, head of our student unit in the Durham area to contact you sometime in the near future.

We have many students interested in school social work and are consequently interested in developing field assignments with good learning potential for our students. We will be happy to explore the possibility with you.

I guessed from what Mrs. McClinton told me that you might be writing a proposal for federal funds for a new program. I wonder if you anticipate using student's services as local participation for matching funds? If this is true, I believe we could not place students with federal stipends in your program. This would be matching federal money with federal money. However, if your program offered a good learning experience for students, it is very possible that we could assign a student or students who is/are not receiving stipend/stipends from federal sources.

If you need a statement to present with a proposal that is being sent to Washington, please tell Mrs. Green how you would like it worded and she will bring it to Chapel Hill to discuss with me and the Dean of our school. If you wish to get in touch with Mrs. Green, her telephone number is Raleigh 787-4487. The nature of her work keeps her away from her headquarters most of the time and she does not have a secretary. Consequently, you may need to contact her in the evening.

Sincerely,

Georgie P. Hughes mm

(Miss) Georgie P. Hughes
Director of Field Instruction

GPH/mm

cc: Mrs. Hortense McClinton
Mrs. Ruth Green
Mr. Harry Derr

Durham City Schools

OFFICE: CORNER CHAPEL HILL & CLEVELAND STREETS

Durham, North Carolina 27702

February 25, 1971

Mrs. Annabelle D. Selph
Director of Food Services
Durham City Schools
Durham, North Carolina 27702

Dear Mrs. Selph:

As Supervisor of Elementary Instruction in the Durham City Schools, I work in Burton and Pearson Schools. I will be glad to work with the teachers and principals to help carry out the proposed program.

The proposal is concerned with the development of the whole child, and we in the teaching profession are aware of the fact that all instruction must be concerned with the best development of each child.

I pledge my help in this very worthwhile endeavor.

Yours truly,

Eugenia G. Atkinson

Eugenia G. Atkinson
Elementary Supervisor

EGA/bb

Burton School
E. W. MIDGETTE, PRINCIPAL
LAKELAND & HARRELL STREETS
Durham, North Carolina
27701

APPENDIX E (2)

February 17, 1971

Mrs. Annabelle D. Selph, Director
Durham City Schools
Fuller School Building
Durham, North Carolina

Dear Mrs. Selph:

Permit me to express my elations over the news that things are looking up for our proposal. Parents, teachers and many service agencies of the community have cooperated beautifully with us in trying to help us decide what we needed and wanted. We have asked some of our parents to express, in writing, the deep appreciation for this program which they have exhibited to me.

However, as you are well aware, our parents are both poor and illiterate and have qualms about expressing anything in writing. But all of them are extremely happy and feel as I do that much good will be done for our pupils in the areas of mental health, physical health, nutrition and education. I look forward to the implementations of this proposal with a great deal of enthusiasm.

Sincerely yours,

E. W. Midgette

E. W. Midgette

EWM:go

Pearson School

F. G. BURNETT, PRINCIPAL
Durham, North Carolina

APPENDIX E (2)

February 3, 1971

Mrs. Annabelle Selph, Director
City Schools Lunchrooms
Durham City Schools
Durham, N. C. 27701

Dear Mrs. Selph:

As the principal of W. G. Pearson School, I wish to pledge my wholehearted support to Project F O O D. I have attended the advisory committee meetings and fully understand the program and how it will affect the school and community, if funded.

The components affected by the proposal are already included in our school program to a small extent. If the project is funded, I can invision much more being done and the needs more satisfied than is possible at the present time.

We have had meetings with our P. T. A. members as well as teachers and supportive organizations. In each case, these groups have pledged their support and energies to the project.

If there is anything that I can do to further enhance this project, please call on me and let's, both of us, pray for its success.

Sincerely yours,

Frank G. Burnett

W. G. Pearson School
FRANK G. BURNETT, PRINCIPAL
UMSTEAD STREET
Durham, North Carolina
27701

February 8, 1971

Mrs. Annabelle Selph, Director
City Schools Lunchrooms
Durham City Schools
Durham, North Carolina 27701

Dear Mrs. Selph:

We, the teachers of W. G. Pearson School, recognize many deficiencies in our ability to meet the physical, mental,nutritional and educational needs of our school community.

The needs of our children are enormous. Eighty-five percent of our children live across the street from the school in a public housing project. The center of interest is the school. Many of the parents lack knowledge of food purchasing and preparing techniques. Consequently the children come to school hungry, feeling insecure, and unable to learn.

Project Food would enable us to correct many of these learning disabilities of our children. We would like to be able to provide these and other opportunities for our children: Free lunch and breakfast for all, improve the entire cafeteria situation (including sanitation),a complete physical and dental examination for each child every year, provision for more individualized instruction for children with learning disabilities, improve physical education facilities, and improve the attitudes by renewing self confidence, pride and self worth in all of our children.

This program is definitely needed here. Furthermore, it is wanted here. We recognize that ours is a wealthy nation as far

W. G. Pearson School
FRANK G. BURNETT, PRINCIPAL
UMSTEAD STREET
Durham, North Carolina
27701

as revenue is concerned, but we are wasting our most valuable resource, the future leaders of our country-the children. No nation can remain wealthy while its children starve, becoming physically and mentally weak.

We pledge our support to this program by our signatures below.

Sincerely yours,

Don O. Burnett
Betty T. Hinman
Lucy M. Harwood
Shirley L. Griffin
Betty H. Cozart
Helen D. Nichols
Sylvia D. Samble
Russell O. Marion
Signature illegible
Johnetta H. George
Ruth Ferrell
Endell Stewart
Josephine H. White
W. M. W. Mitchell
Carl Blackson

L. H. Blair
I. R. Webber
H. Battle
B. S. Bailey
L. R. Aycock
Mary K. Baldwin
Ruth H. Thomas
G. H. Holtes
Walton M. Fain
M. B. Wall
Lu Vela Campbell
Judy Gilford
Ora K. Pondella
Arnetta B. Perry
Nancy L. Alderman

L. F. Johnson

Burton School
E. W. MIDGETTE, PRINCIPAL
LAKELAND & HARRELL STREETS
Durham, North Carolina
27701

February 17, 1971

Mrs. Annabelle D. Selph, Director
Durham City Schools
Fuller School Building
Durham, North Carolina

Dear Mrs. Selph:

The teachers of Burton Elementary School were given an opportunity to participate in planning and organizing of the newly proposed Nutrition and Health Program.

We were divided into four committees, Nutrition, Physical Health, Mental Health and Education. Each teacher then carefully compiled his or her own ideas and submitted them to the committee on which he or she were a part. After which the whole came together and discussed strengths and weaknesses and then decided upon specific recommendations. This completed, the committee's report was then submitted to the entire faculty for discussion and final approval.

We, the teachers, feel that the needs for the proposed project are infinite. And the granting of such project would be of extreme benefit to each child, to the school, and to the community as a whole.

The proposed project would help to provide adequate nutrition and improve physical and mental health. And thereby improve the overall educational opportunities for all the children. It would also improve relations between the community, the school, the teachers and the pupils.

We, therefore, are happy to recommend this program and will strongly support its implementation.

Signed: Teacher's' Committee

Carolyn T. Griffin
Sue C. Tatum
Jamie C. Greene

TELEPHONE 682-2523

TELEPHONE: 688-4293

APPENDIX E (7)

Russell Memorial C. M. E. Church

703 S. ALSTON AVENUE ~ DURHAM, N. C.

THE REVEREND L. HENRY WHELCHEL, Minister

February 17, 1971

To Whom It May Concern:

As a parent, I have been invited to attend some of the meetings to secure a federal grant for food planning and Nutrition for Pearson and Burton Elementary Schools.

It is a stringent necessity that we get such a program to aid low-income families.

As a parent and community leader, I will endeavor to assist and support the program when funded.

Yours truly,

L. H. Whelchel

LHW:bb

1916 Cecil Street
Durham, N.C.
February 16, 1971

APPENDIX F (3)

Dear Mrs. Selph,

As a parent of M. G. Pearson School I realize that our health needs are many.

I observe children coming to school each day without breakfast and lunch. Most of our parents are out of work. We do not have the money nor the training that is so desperately needed to help us understand our childrens needs.

The health program is our only solution at this time. I know that our children would welcome the opportunity to have balanced meals each day.

I believe that our children will change many attitudes, become more secure and self-confident when their hunger and health needs are cared for.

Sincerely,
Lucy M. Harwood

601 Dupree Street
Durham, North Carolina
February 16, 1971

Mrs. Annabelle Selph
Durham City Schools

Dear Mrs. Selph,

As a parent of W. D. Pearson School and interested in the schools progress, I think this is a needed project and would be a great improvement for our school. Living in this community from day to day I can see what is needed.

The four areas mentioned in the proposal were: Mental, nutrition, physical and education. I know these areas are interrelated and much can be done in the classroom but with funds limited, the school cannot reach the students as it desires.

I would like to emphasize, this project would be so meaningful to the school and community. I have often heard the common plaint of some teachers say "the student could

do much better if he'd only try. But remember, pupils with health problems, improper nutrition and low physical vitality are often serious deterrents to school success. The child cannot show the concentration or spend the energy demanded by normal study. This program would reach many children who would otherwise be neglected.

Sincerely,
Lillian White

21 F. Preston Court
Durham, North Carolina
February 16, 1971

Dear Mrs. Selph:

I really appreciate the work and time you have spent along with others in getting the Free Lunch Program for Burton and Pearson School.

I feel that this will be a great help to our children, as well as the parents.

The program should be, or should I say, will be a great success.

I think if the proposal is carried out like it was written with parent participation that the program will continue, for another year if possible.

I hope the parents realize that this is a wonderful opportunity for their children to get a well balanced meal, and they will do everything possible to help make it a success.

I will be glad to do anything that will help make this program a further success.

Again, I wish to thank you and your staff or officers for the efforts and time you have put forth in making this program possible.

Very truly yours,
Rebecca Porter

Parent - Burton School

APPENDIX E (13)

507 Umstead Street
Durham, North Carolina
February 16, 1971

Dear Mrs. Delph,

We, the families from Fayetteville Street Community would like to thank you and your staff for the many services rendered to us by your program. The Health, Educational and Food program at W. G. Pearson School. It has solved many of the family problems that once existed

Sincerely Yours,
Mrs Bobbie Judd
President, Fayetteville Stuet Council

Fayetteville Street Housing Project in the Pearson School Area

Parent Involvement

It has often been difficult, if not impossible to bring about involvement in special programs from a majority of the lowest income parents. The most disadvantaged families have had negative school experiences of their own and do not recognize the importance of supporting their children's relationship with the school through providing a nutritious diet, good health practices, and a home environment conducive to cognitive, social, or emotional development.

Through the biological need for food the many other needs of the disadvantaged child can be reached. However since the parents likely to be the most difficult to reach are also the ones in greatest need it is proposed that the parent involvement component be established with an emphasis on creative innovative techniques in order to attempt to achieve a breakthrough with those particular families.

1. Establishment of a series of levels to lead parents through which would allow them to gradually cast off some of the life long attitudes about school and life long practices concerning child care, home management, feeding habits and all the other interrelated aspects of family life.

Stage 1 would be the assessment phase, primarily concerned with combining a knowledge of the family's functioning with utilization of a range of techniques in order to find which combination is likely to bring a response from a particular family. Each family would be visited as early as possible by the staff in order to introduce the program, establish rapport, and obtain a sampling of family interests, habits and attitudes and problems regarding the specific areas which relate to the program. The techniques employed during visits could include use of a tape recorder in the home for parents to talk about personal experiences and fears concerning hunger and food, school, etc. thereby creating a basis for a dialogue as well as an individualized approach to each home. Audio visual equipment might also be considered. Other devices could include use of music, such as guitar and folk singer brought into the home to reach the previous inaccessible family, a hairdresser to help the mother improve her own image and motivation, etc. The use of paraprofessionals in bringing parents into the beginning phase of the program will be extremely important. Other techniques such as role playing, art, and others could be employed in creating a readiness on the part of the family to respond to the goals of the program.

The second level would involve establishing goals for each family with their participation and would come about after diagnoses and individualization of the family's life style pattern and other problems. Parents will be involved in meeting the needs of their children through being helped to utilize community resources and services for all members of the family. Parents will also be encouraged to establish close contact with the school, the teachers, and the project staff so that the efforts for improving the child's functioning could be shared between the parents and the school.

In levels 3 the parents would be ready to participate in home demonstrations involving food preparation, supervised marketing,

health education, interest clubs, improvement of child care techniques, etc.

Other levels would involve parents in operation and evaluation of program giving them specific responsibilities as they are ready to assume them. Those parents who are ready to enter a higher level at the beginning of the program would be encouraged to do so.

In order to insure the successful operation of the parent involvement phase of the program the following conditions should be established:

1. Evening hours and weekends for staff mandatory.
2. Overtime compensation.
3. Babysitting, transportation and other practical services to be provided to parents where it is impossible for them to make their own arrangements before they can participate.

   However, parents should be helped through the program to identify their needs and to become interested in mobilizing the community to provide them with services which would create a better climate in the neighborhood and the home thereby directly benifitting the school age child.

IV. Parental and Community Involvement

The Demonstration Project for Coordinating School and Community Health and Nutrition Services for Children from Low Income Families is a cooperatively planned attempt to make the home of the ghetto children in the Burton and Pearson School communities a more enriched environment—an atmosphere in which children, mothers and community can learn how to live more satisfactory and healthy lives. The philosophy behind the program stresses education in nutrition as an integral part of all education, rather than an isolated segment.

The content of the program will emphasize theoretical postulations with regard to how children develop and learn. Beginning with the pre-natal stage, the effects of nutritional deficiencies will be presented. W. G. Pearson and Burton Schools will be simulated laboratories where the focus will be on the problem of developing an appropriate, and effective curriculum in nutritional education and related health services for community improvement. An example of these learning activities is the community and community relationships phase of the project. 1) Community-school interaction. This phase will include working directly with mothers and mothers-to-be through an agreement with the Cooperative School for Pregnant Girls. 2) Identifying and seeking the cooperation of influential persons and groups. Many of these people will participate through the Advisory Council. 3) Communicating and working with public agencies and programs. 4) Relating nutritional and health education to community improvement.

The relationship between "caring and sharing" is a basic component in developing a good working relationship between parents and the schools. Usually, people have a tendency to accept and support those things to which they attach value. Through an intensive educational drive which will require

their direct participation, it is the goal of this project to guide the parents to an appreciation of the value of good nutrition and thus to effect change in the educational achievement of their children. By the total commitment of the schools to the improvement of community life and school performance, and exposing the parents directly to it, hopefully, it will be so contagious that they will share our concern and ethusiasm.

There has already been evidenced a renewed relationship between the schools and community through the activities of the steering committee, which from its very inception was involved in making the decisions in regards to the feasibility of the project, our needs and the preparation of the proposal. This group consists of:

Mrs. Barbara Ellis - Special Education, Burton
Mrs. Ruth Thomas - Fourth Grade, Pearson
Mrs. Ruth Sue Phipps - Parent, Morehead
Mrs. Lillian White - Parent, Pearson
Mrs. Rebecca Wooten - Parent, Burton
Mrs. Bednia Wells - Operation Breakthrough
Mrs. Evelyn Toole - Parent, Spaulding
Mr. Charles Tillman - Durham Housing
Mrs. Lillian White - Parent, Pearson
Mrs. Inez Gooch - Edgemont Community Clinic, Pearson
Mrs. Maurice LaBarre - Cooperative School
Mrs. Josephine Clement - Therapeutic Education Program
Mrs, Louise Rand - Operation Breakthrough
Mrs. Audra Walker - Parent, Burton
Mrs. Mary Saunders - Grandparent
Mrs. Etta Vinson - Parent
Mr. Frank Burnett - Principal, Pearson
Mr. E. W. Midgette - Principal, Burton
Mrs. Sandra Perry - Fayetteville Street Housing Council
Mrs. Barbara Butler - Fayetteville Street Housing Council
Mrs. Mary Walker - U. O. C. I.
Mr. Ben Ruffin - U. O. C. I.
Rev. L. H. Whelchel - Parent, Pearson
Mrs. Barbara J. Judd - Parent, Pearson

This steering committee has been actively engaged in all phases of discussion and planning of the total project. Active involvement has

resulted in wholesome, constructive relationships and understandings. It is anticipated that even greater involvement of the total community will result when significant modifications and improvements begin to develop within the selected schools.

Organizations and agencies within the communities which will be represented on the Advisory Council are:

1. P. T. A.'s of both schools
2. Title I Parent Council
3. Women in Action
4. United Organizations for Community Improvement
5. Community Health Center (Lincoln Hospital)
6. Career Opportunities Program
7. Operation Breakthrough

A steering Committee for a Unitary School System was selected from existing school committees to enlist the services of sensitive civic organizations for developing needed guidelines for parents, children, and the general Durham community in adopting to and implementing the new unitary school system initiated in the fall of 1970.

Women in Action for the Prevention of Violence and Its Causes - This voluntary organization answered the questions of a confused citizenry prior to the beginning of the 1970 fall school term. Its work has been so effective that the plan is being adopted for state wide use and has been recognized nationally.

The Community Health Center proposal (Lincoln Hospital) utilized consumer participation in planning its program. The health project is located in the same area as the target schools - the largest and most concentrated poverty section of the city or county.

The Career Opportunities Program, the ESEA Project, COP and the Title I program, recruit, train and employ paraprofessional aides.

These examples of parental involvement demonstrate the interest of school personnel and their "know-how" from experience in stimulating and utilizing parent involvement.

Involvement of Parents to Date in this Proposal

In the preliminary planning stages, five meetings were held with parents of pupils in the target schools and representatives of the P. T. A.'s, UOOI, Operation Breakthrough, Title I Parent Council, Kindegarten Parent Clubs, Durham Housing Authority, The Durham Ministers' Association and administrative staff of the city schools. The participation and ideas of parents were incorporated in designing the basic outline of the program and developing preliminary agreements with parent groups and community agencies. (Minutes and tape recordings were made.)

Proposed Role of Parents in Further Development of the Program

An Advisory Committee of Council is proposed of which two thirds of the members will be parents of children in the target schools along with professional representatives from the resource agencies (see item VC.), and members of the supervisory and administrative staff of the city schools. This council will work with the project staff members in 1) developing the Final Proposal; 2) establishing priorities in coordinating services; 3) establishing criteria for recruiting, training, and defining activities of paraprofessional aides; 4) make recommendations to sustain and improve the on-going operation and evaluation of the program; 5) evaluate and utilize suggestions, requests and complaints from parents. The paraprofessional aides will be recruited from low-income parents of pupils in the target schools. They will be meployed by the Director of Food Services of Durham City Schools.

RESOURCE PEOPLE

1. Mrs. Eugenia Atkinson
   Supervisor of Elementary Education
   Durham City Schools

2. Mrs. Lois Brown
   Acting Director of Extension Services
   105 Richs Hall
   N. C. State University Raleigh, N. C.

3. Mrs. Rebecca Bryan, Acting Director
   Department of Nutrition
   School of Public Health
   University of North Carolina - Chapel Hill, N.C.

4. Mrs. Mildred Barry, Regional Nutrition Consultant
   HEW Room 423
   50 - 7th Street, N. E.
   Atlanta Georgia 30323

5. Dr. Jean Cooper, Director
   Home Economics Department
   N. C. Central University

6. Mrs. Rose Cox
   Instructor of Health and Education
   N. C. Central University

7. Mrs. Minnie Clifford
   Evaluation Services, Inc.

8. Miss Marjorie Gilbert
   Executive Director of the Dairy Council
   Durham, N. C.

9. Dr. Lucy Davis
   Department of Education
   Therapeutic Education Program
   Duke University

10. Mrs. L. De Jarmon
    Representative Durham - Chapel Hill Dietetic Asscciation

11. Dr. Wilbert Edgerton
    Department of Community Psychiatry
    Chapel Hill, North Carolina

12. Mr. Ralph W. Eaton, State Director
    School Food Services
    Raleigh, North Carolina

13. Mr. Wat Fugate
    Director of Counseling
    Durham City Schools

14. Mr. Jim Gardner
Executive Vice President
N. C. Soybean Association

15. Mrs. Christine Waddell
Health Educator
Durham County Public Health Department

16. Dr. Mary K. Head
Department of Food Science
N. C. State University

17. Miss Elizabeth Jukes
Chief Nutrition Section
N. C. State Board of Health

18. Mrs. Clara Jones
Director of Physical Education
Durham City Schools

19. Mr. Tyree Jones
Coordinator of Title I Projects
Durham City Schools

20. Mr. Joel Kaylor
Social Worker - New Careers Program
Durham City Schools

21. Mrs. Maurine LaBarre
Associate Director - Coordination and Research
The Cooperative School for Pregnant Girls
Durham City Schools

22. Mrs. Pauline Lack
Social Worker - Special Services
Durham City Schools

23. Mrs. Dorothea Leighton
School of Public Health
University of North Carolina
Chapel Hill, N. C.

24. Miss Helen McLaughlin
Associate Professor of Dietetics
Dietetic Internship Director
Duke University Medical Center

25. Mrs. Ruth McRackan
Director of Elementary Education
Durham City Schools

26. Dr. Donald Madison
Research Associate
Health Services Research Center
University of North Carolina
Chapel Hill, N. C.

27. Dr. James W. Mainwaring
Dentist - Durham County Public Health Department

28. Mrs. Minnie Norris
Elementary Education
N. C. Central University
Durham, N. C.

29. Miss Elizabeth Ann Prendergast
Division of Disorders of Development and Learning
School of Public Health
University of North Carolina
Chapel Hill, N. C.

30. Dr. James Paul
Special Education
Co: Director Child Advocacy Center
Roxboro Raod
Durham, N. C.

31. Dr. John Pelsi
Co-Director Child-Advocate Institute

32. Mr. E. W. Ramsey
Professor of Human Nutrition
N. C. Central University

33. Dr. Howard A. Schneider, Director
Institute of Nutrition
University of North Carolina
Chapel Hill, N. C.

34. Dr. Henry Sublett
Associate Professor of Education
Undergraduate Studies
Internship - Department of Education
Duke University

35. Mrs. Virginia Sargent
Nutritionist - N. C. State Board of Health
Raleigh, North Carolina

36. Mr. Doug Sudduth, Social Worker
Durham - Mental Health Center

37. Mr. Shepard L. Schulz
U. S. Department of Agriculture
Durham, N. C.

38. Mrs. Lola Solice
Supervisor of Elementary Education
Durham City Schools

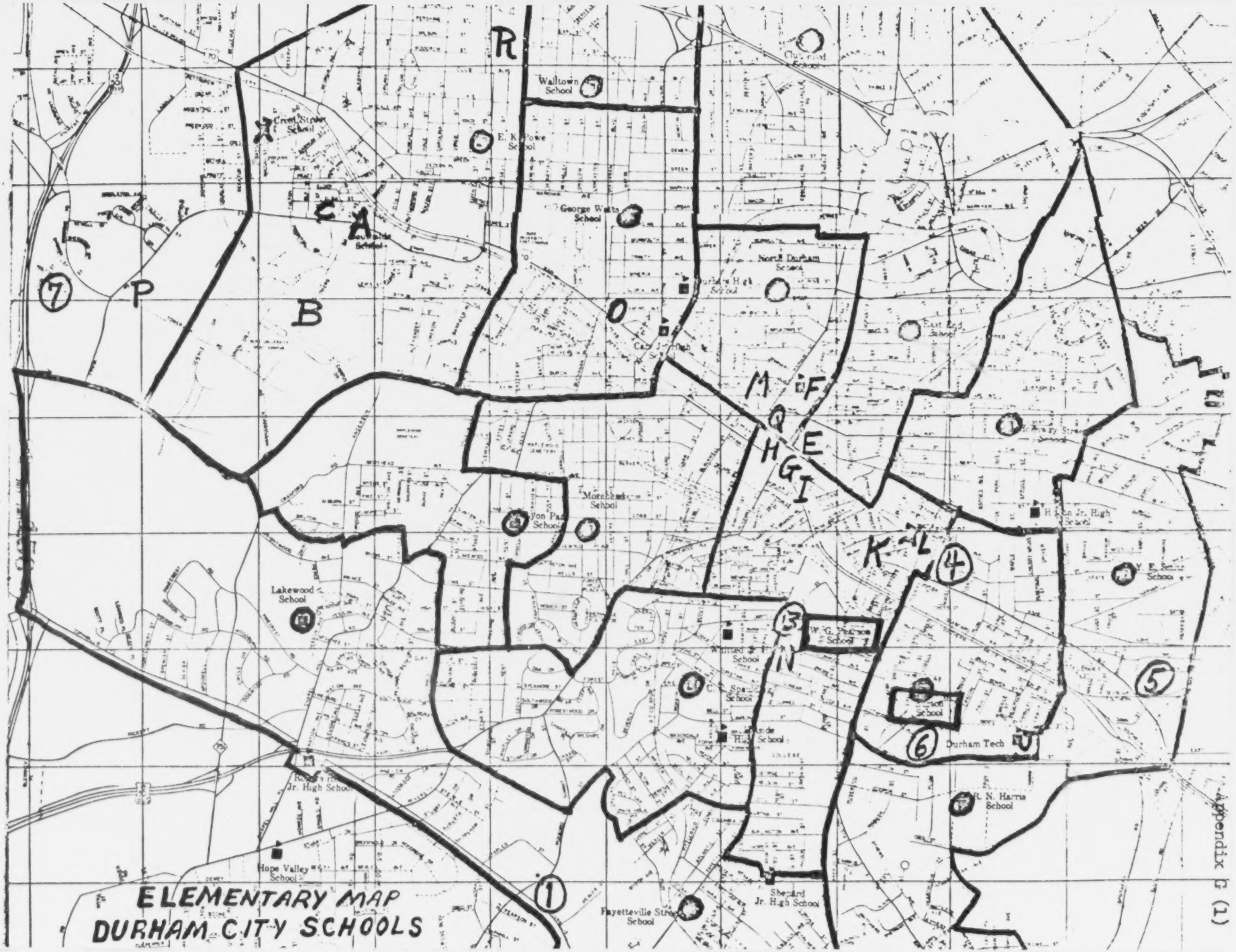
39. Mary W. Whitmore
Extension Home Economics
Department of Agriculture

40. Mrs. Edna Walker
Director of Career Opportunities Program
Durham City Schools

41. Mrs. Hazel Wishnov
Clinical Social Worker
Durham Community Health Center

42. Mr. Harold H. Webb
State Director
ESEA Title I
Raleigh, North Carolina

43. Dr. Frank B. Weaver
Assistant Superintendent-Instruction
Durham City Schools


R
A
P
B
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G
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K
L
N
Walltown School
George Watts School
North Durham School
Morehead School
Lakewood School
Durham Tech
Hope Valley School
Shepard Jr. High School
Fayetteville Street School
R. N. Harris School
ELEMENTARY MAP
DURHAM CITY SCHOOLS

Appendix G (1)

DURHAM RESOURCES FOR CHILDREN

A - Cooperative School for Pregnant Girls - 2038 Erwin Road, Durham

B - Duke University Medical Center - Duke University, Durham

C - Durham Child Guidance Clinic - Trent and Elba Streets, Durham

D - Durham Childrens Museum - 433 Murray Avenue, Durham

E - Durham City-County Library - 311 East Main Street, Durham

F - Durham City School - Durham

G - Durham County Community Mental Health Center - 300 East Main Street, Durham

G - Durham County Health Department - 300 East Main Street, Durham

H - Durham County Department of Social Services - 202 East Main Street, Durham

I - Society for Crippled Children - Durham

J - Durham Technical Institute - 1637 Lawson Street, Durham

K - Edgemont Community Center - 201 South Elm Street, Durham

L - Edgemont Community Clinic - 1012 East Main Street, Durham

M - Family Counseling Service of Durham, Inc. - 305½ Chapel Hill Street, Durham

N - Lincoln Hospital - 1301 Fayetteville Street, Durham

O - McPherson Hospital - 1110 West Main Street, Durham

P - North Carolina Cerebral Palsy Hospital - 2910 Erwin Road, Durham

Q - Operation Breakthrough, Inc. - 114 West Parrish Street, Durham

R - Watts Hospital - Broad Street and Club Boulevard, Durham

S - Wright School, North Carolina Re-Education Center - 3132 Roxboro Road, Durham

1 - Cornwallis Project, Cornwallis Road, Durham

2 - East Club Boulevard Project

3 - Fayetteville Street Project, Umstead and Grant, Durham

4 - Few Gardens Project, Kendrick Circle, Durham

5 - Hoover Road Project

6 - McDougald Terrace Project, Lawson and Sims Streets, Durham

7 - Mocreene Road Project, Gleason Street, Durham

AREA RESOURCES FOR CHILDREN

North Carolina Heart Association - Chapel Hill

North Carolina Memorial Hospital - Chapel Hill

North Carolina Vocational Rehabilitation - 109 Wellons Village Shopping Center, Durham

Sarah Barker Day Care Center - Leon Street, Durham

Scarborough Nursery School - 815 Cleveland, Durham

Mary Cowper Child Care Center - 2211 Pratt Street, Durham

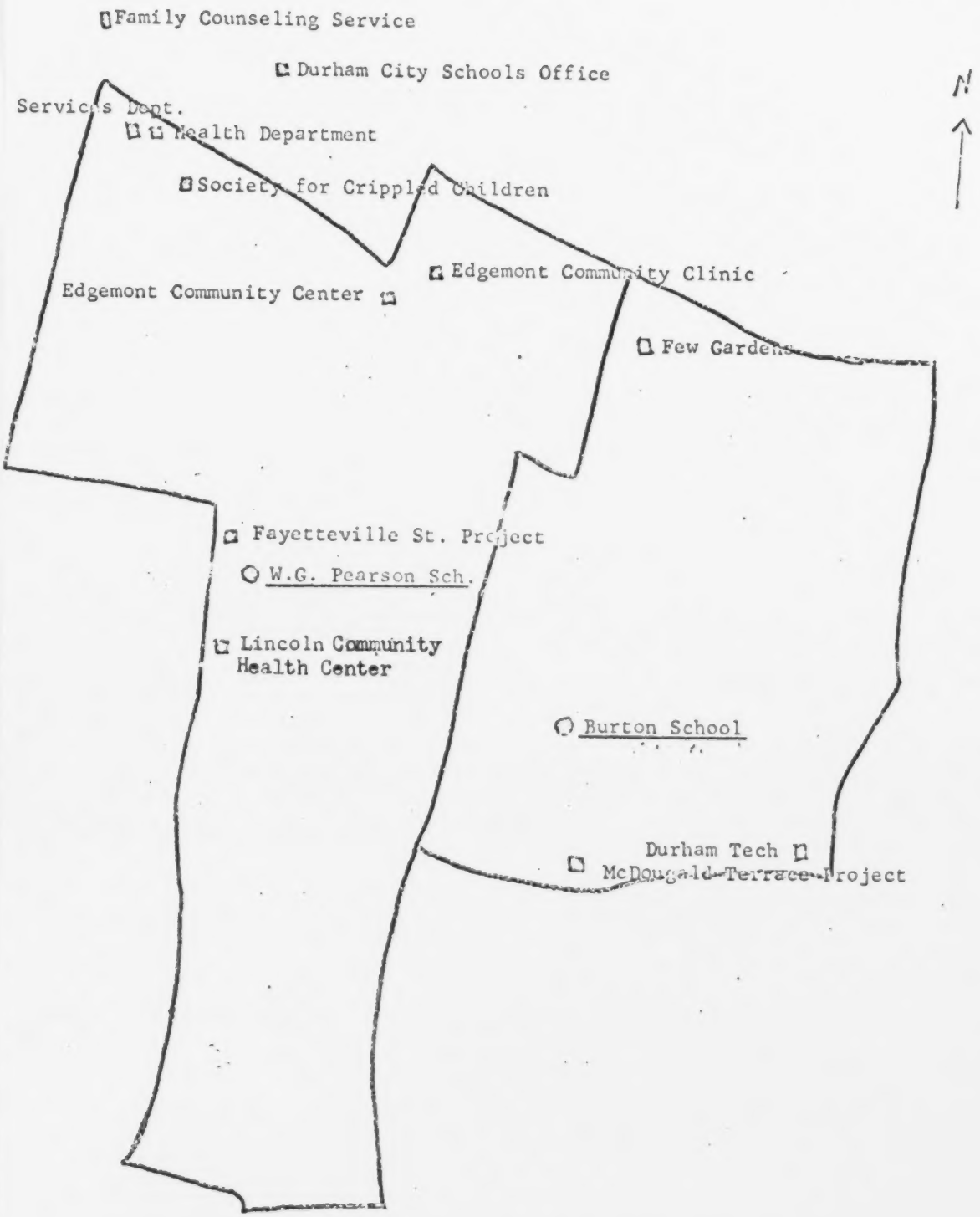
Murdoch Center - Butner

Salvation Army Home and Hospital - 2312 South Alston Avenue, Durham

Goodwill Industries, Inc. - 1121 West Main Street, Durham

John Umstead Hospital - Butner

United Organizations for Community Improvement - 213½ West Main Street, Durham



This map represents the School Districts of the Project Schools. Some of the major service providers are located in this District.

ATTACHMENT II (2)

THOUGHTS ON AN OVERVIEW OF THE MECHANICS AND TRAINING FOR SCHOOL HEALTH SERVICE TEAMS

As has been exampled in much of the recent legislation passed by Congress, New Careers-type training has been included in legislation where manpower is to be hired, particularly where human service is the intent of such legislation. The Education Professional Development Act has its Career Opportunity Program; Community Health Centers have their family health workers and physician assistants; and Department of Labor New Careers programs have their trainer aide, assistant, and associate. It would appear from the developing trend that Office of Nutrition and Health Service of the Office of Education would want to be exemplary in paraprofessional development and training.

The Department of Labor New Careers program of Operation Breakthrough, Inc. would be in a position to help design and defray some of the training cost of trainees during the first year if such training would be a part of entry into a career design system.

Because it is our desire to become involved in this innovative program, we would like to propose a career system which would be supportive of the intent of the Durham City Schools Food Service proposal and yet meet the Department of Labor guidelines under which we operate.

ORGANIZATIONAL FORMAT
(Problem and Goal Centered for Service Teams and Student Centered for Teacher)

Because the classroom teacher has daily contact with the students to be served, she will, therefore, serve as the barometer in recognition of problems which the student may manifest, and at such a juncture, call upon the coordinator for the health service team which serves her school. The team will, under the direction of the coordinator and in cooperation with the teacher, explore available resources and possible solutions and then implement a course of action commensurate with the speciality areas of the team members. The other function of the health service team will be that of supplemental education and activities related to the general health problems manifested by the student population. This means everything from doing health and nutrition sections in the classroom to after school recreation programs, to home visits and encouraging family registration in the Lincoln Community Health Center.

Training Overview

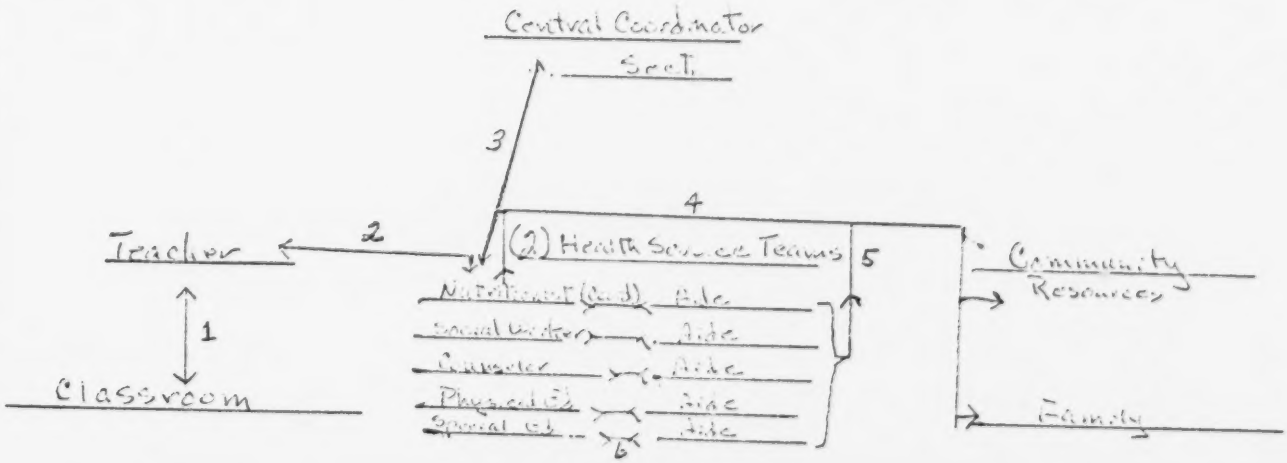
The classroom teacher will need to be trained to recognize nutrition, mental health, physical health, special education problems, and how to be a member of a health and education team. The professionals of the health service teams will need to be trained to view their services as part of a total health thrust and will need special training as trainers and supervisors of health team paraprofessionals.

The paraprofessional, if he comes from the low-income area as he should, will need training relevant to his life style and

training which will be a bridge to permanent employment, self dignity, and community contribution. The training for the paraprofessional should include vocational skill training conducted by the professional with whom he is assigned to work, on-the-job training under the supervision of the professional, adaptive skill development conducted by New Careers trainer, and education development--basic or remedial or post-secondary.

The training for the paraprofessional should be scheduled to continue until he has reached the level of certification or professionalism, which will allow transferability in earning a living when the project ends.

Organization Chart



1 - Primary relationship between teacher and student (problem identification)
2 - Relationship between teacher and service team
a. Immediate problem solution b. Program development aimed at general problems
3 - Program-wide management and coordination
4 - Relationship to community resources and families (represented by students)
5 - Paraprofessionals relating to community and families as members of service teams
6 - Management and training relations between professionals and aides

The job descriptions of the professionals are prescribed by what the proposal intends to accomplish. The job descriptions, training curriculum, and career ladder for the paraprofessionals have yet to be consummated, but if a commitment to such use of paraprofessionals becomes a reality, then the necessary relevant materials can be developed.

It needs to be understood that the above thoughts are only suggested as a possible overview of the mechanics for implementation of the proposal submitted to the Office of Nutrition and Health Service by the Durham City Schools from the perspective of the Durham New Careers program of the Department of Labor.

Albert C. Capehart, Jr.
Director, New Careers

A major objective of this project (COORDINATING SCHOOL AND COMMUNITY HEALTH AND NUTRITION SERVICES FOR CHILDREN FROM LOW-INCOME FAMILIES) is to identify children in grades K - 6 who are under-achievers or potential failures because of physical and mental lethargy that result from nutritional deficiencies, thus substantiating a need for some nutritional or energy-building food provision.

> There is an overwhelming need for a supportive and innovative program of physical development during the school day and after school hours. This is especially true in these two schools.

This project is designed to improve the physical and the intellectual capabilities of this group of deprived youngsters, including physical, dental and visual examinations for those in need. Sub-standard diets, inadequate or non-exsistent medical treatment, lack of outdoor play space, have resulted in poor muscular development and poor physical growth and development.

One of the aspects of this project is to diagnose the physical needs and nutritional deficiencies then apply corrective measures here outlined (breakfast, hot lunch, physical exams, etc.)

The health and physical education department will begin an immediate evaluation program by:

1. Intensifying the fitness testing and measurement program in the grammar grades.
2. Begin developing adequate tests for grades K - 3.

3. Place more emphasis on our remedial developmental program as suggested by the President's Council on Physical Fitness.

4. Establish specific guide lines and critera for measuring the growth and development of these children over a period of 3 - 7 years.

5. Encourage the department to continue the In-Service work shop for teachers and principals, "Play with a Purpose", that deals with the growth and development of boys and girls in grades K - 6.

NORTH CAROLINA CENTRAL UNIVERSITY
DURHAM, NORTH CAROLINA 27707

DEPARTMENT OF HOME ECONOMICS

February 24, 1971

Mrs. Annabelle Selph, Director
Food Services
Durham City Schools
Fuller School Building
Durham, North Carolina

Dear Mrs. Selph:

This is to verify our interest in the Special Nutrition Education Project to be conducted by Durham City Schools and to indicate willingness of our department to cooperate, particularly in the provision of in-service education.

Several members of our staff reviewed the project proposal and have suggested that our department might participate by offering the following services:

1. A two-week workshop in Nutrition Education for teachers and para-professionals. Summer 1971. Leader: Mr. Edward Ramsey

2. Training of para-professionals as home - school coordinators. Dates and format to be determined. Leaders: Mrs. Paula Mack, Mrs. Gwendolyn Paschall.

We are in process of obtaining proper university clearance in order to grant graduate or certification credit for the proposed nutrition workshop. The project and the workshop have been discussed with the Director of Summer Sessions and the Acting Dean of the Graduate School. They have both endorsed the idea and have offered their assistance in getting the workshop on the summer schedule. We will also discuss the project and workshop with the Vice-President of Academic Affairs.

Mr. Ramsey of our staff is preparing a descriptive statement of the proposed workshop to present to our Graduate Council. He is also developing a sub-contract which will provide details of the workshop along with expenses.

For your convenience, we are enclosing brief descriptions of the two projects suggested above. We would appreciate having your reactions to these as soon as possible. We would need to know whether the proposed projects meet the educational needs and guidelines set forth in your proposal. If so, we would welcome any suggestions for content or format you may wish to see incorporated.

Sincerely,

Jean Cooper, Chairman

JC:mht

Enclosure

HOME ECONOMICS DEPARTMENT
NORTH CAROLINA CENTRAL UNIVERSITY
DURHAM, NORTH CAROLINA

TO: THE GRADUATE COUNCIL

FROM: Edward W. Ramsey, Jr.
ASSISTANT PROFESSOR OF NUTRITION

RE: Proposed Summer Workshop in Nutrition for Para-professionals and Teachers of Durham City School System

I. TITLE: NEWER DIMENSIONS IN NUTRITION EDUCATION

II. BASIC THEME: The acquisition of nutrition education facts, skills and knowledge as an important means towards the creation of a livable environment and improved quality of life today ....

III. DURATION: Two (2) weeks

IV. PARTICIPANTS: Approximately 36 professionals and teachers and 20 para-professionals

V. DATES: July 1, 1971 - July 16, 1971

VI. CREDIT: Two (2) semester hours credit towards state certification will be granted persons enrolled in this course.

VII. MAJOR GOALS AND EXPERIENCES OF WORKSHOP PARTICIPANTS*

It is anticipated that the workshop will enable teachers and para-professionals to:

1) Understand the extent to which health is affected by food intake.

2) Understand the significant role of nutrition and the intelligent use of our food supply in the improvement of life.

3) Understand the meaning of hunger and starvation for any individual, family or society.

4) Means whereby nutrition education can become part of an elementary education program.

5) Provide opportunity for participants to share ideas and experiences.

6) Develop an awareness of the importance of nutrition education in basic nutrition geared to the needs of elementary school teachers and para-professionals.

7) To develop skills in implementing an integrated approach to nutrition education with particular emphases on mental and physical health resources.

* SPECIAL EFFORTS WILL BE MADE TO BRING IN RESOURCE PERSONS FROM IN SCHOOL AND OUT OF SCHOOL AGENCIES

VIII. ULTIMATE OUTCOMES AND FOLLOW-UP

As a result of having participated in this workshop, participants should have developed a philosophy of nutrition education for themselves and the program with which they are associated thus enabling them to:

1) Acquire the "tools" and vocabulary of the science of nutrition in order to effectively interpret the information available.

2) Stimulate interest in nutrition and direct the elementary school population towards scientifically sound dietary habits.

3) Utilize the fruits of the technological advancements of our food supply for economy, health, enjoyment and convenience; to be able to distinguish between distortion and truth in the mass of nutrition verbiage.

4) Develop a bibliographical frame of reference for nutritional education materials for future work.

5) Acquire basic nutrition information and indices of assessing nutritional status.

To: Dr. Cooper
Re: Nutrition Pilot Project
From: Paula Mack and Gwen Paschall

It seems that the parent education program might best be described with a summary of an article written by Spitze.[1] "A parent education program should be planned to include experiences designed to teach factual relationships, develop some skills and foster attitudes which will help all persons serve the functions demanded by family membership." Components of the following aspects should be included:

a. child development
b. management, problem solving, decision making
c. communication
d. interpersonal relations and group dynamics
e. self-understanding and development of self esteem
f. understanding of the bases for physical and mental health
g. understanding of the relation of the family to the other institutions in the society.

Using the preceding statement as an operational basis, it seems that we might offer training for the para-professionals in the group and assist them in working with parents.

Objectives for the para-professionals:

1. Help prepare them to work with parents and teachers of K-6 children improving family living with emphasis on the development of the child by--
   a. developing sensitivities to the developmental expectations of each stage.
   b. helping to create an awareness of and making use of problem solving techniques in relation to family interaction and its resources.
   c. acquainting them with community resources which are available.

2. Work with them planning and executing program activities and experiences which will prevent physical and psychological deprivations. Emphasis would be placed on individual and group techniques.

3. Motivate parental security through learning experiences which will help parents cope with various developmental tasks.

Suggested Time: 2 weeks
The group might assemble in the morning for the dissmenation of information and make contacts with parents in the afternoon to experiment.

or:

One week might be spent with a cluster of concentration using mini lessons and the second week might be spent on the field.

or:

a series of workshops might be offered over a three or four

week period emphasizing specific problem aspects, ex.-- parent child relationships, growth and development, learning techniques, discipline and guidance, social activities for parent and children, etc.

or:

Some other alternatives

Possible Needs: A minimum of two staff persons to work with group, maybe more dependent on the number of enrollees. Specific kinds of visual materials tailored for the kinds of content to be emphasized.
Transportation for the group.
Funds for supplies and equipment to be used by the individual participants.

HOME ECONOMICS DEPARTMENT
NORTH CAROLINA CENTRAL UNIVERSITY
DURHAM, NORTH CAROLINA

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